FILE NOW: FILING FEE IS \$61.25

NO PROBIT CORE PRATION ANNUAL REPORT



FLORIDA DEPARTME STATE

Sandra B. Muzinam

Secretary of State

DIVISION OF CORPORATIONS

1997

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

DOCUMENT #

N96000002132 (6)

CHARITY MOTORS OF SOUTHERN FLORIDA INC. Principal Place of Business Mailing Address 5601 N.E. 14TH AVENUE 5601 N.E. 14TH AVENUE FORT LAUDERDALE FL 33334 FORT LAUDERDALE FL 33334-8103 Date Incorporated or Qualified 04/16/1996 3a. Date of Last Report 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0686248 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Zip Ζip Country Country 8. This corporation has liability for intangible tay under s. 199.032, Yes 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name JOHNSTON, KEVIN **B2** Street Address (P.O. Box Number is Not Acceptable) 5601 N.E. 14TH AVENUE 83 FORT LAUDERDALE FL 33334 84 City Zip Code 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. 1819 SIGNATURE of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change TITLE 1.1 THLE Addition NAME 12 NAME STREET ADDRESS 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2 2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 3.1 TrTLE + TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE ☐ Change Addition 1 000002305521 -09/29/97--01004--016 NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS ***61.25 5.4 CITY-ST-ZIP CITY-ST-ZIP

14. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the Information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

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_ Addition

FILED

Sep 26 1997 8:00am

Secretary of State