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Mar 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P25051 (4)
1. Corporation Name
HUBCAP HEAVEN OF LOUISIANA, INC.



Principal Place of Business: 4207 W. COLONIAL DR. ORLANDO FL 32808
Mailing Address: 4207 W. COLONIAL DR. ORLANDO FL 32808-8136

3. Date Incorporated or Qualified: 06/30/1989
3a. Date of Last Report: 03/19/1996
4. FEI Number: 72-0963025
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes: Yes No

2. Principal Place of Business: 21 3240 W. Colonial Dr. Suite, Apt. #, etc. 22 Orlando, FL 32808
2a. Mailing Address: 26 3240 W. Colonial Dr. Suite, Apt. #, etc. 27 Orlando, FL 32808
23 Orlando, FL 24 32808 25 Orange 29 32808 30 Orange

9. Name and Address of Current Registered Agent
DAVIDSON, FLOYD
4941 WINWOOD WAY
ORLANDO FL 32819

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0509 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS
TITLE PD
NAME DAVIDSON, FLOYD
STREET ADDRESS 4941 WINWOOD WAY
CITY-ST-ZIP ORLANDO FL
TITLE D
NAME DAVIDSON, RITA
STREET ADDRESS 4941 WINWOOD WAY
CITY-ST-ZIP ORLANDO FL
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 included 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Floyd Davidson* FLOYD DAVIDSON 3/17/97 407-578-9823
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)