

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 27 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P93000018484 (4)
 1. Corporation Name
 METROPOLIS MOTOR WORKS INC.



Principal Place of Business: 3390 N.E. 6TH TERRACE, POMPANO BEACH FL 33064
 Mailing Address: P.O. BOX 5008, LIGHTHOUSE POINT FL 33074, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1343 S. DIXIE HWY W.
 2a. Mailing Address: [Blank]
 22. Suite, Apt. #, etc. [Blank]
 27. Suite, Apt. #, etc. [Blank]
 23. City & State: POMPANO BEACH, FL
 28. City & State: [Blank]
 24. Zip: 33060, Country: USA
 29. Zip: [Blank], Country: [Blank]
 30. Zip: [Blank], Country: [Blank]

3. Date Incorporated or Qualified: 03/11/1993
 4. FEI Number: 65-0396393
 Applied For: [Blank] / Not Applicable
 5. Certificate of Status Desired: [Blank] \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution: [Blank] \$5.00 May Be Added to Fees
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [] No

9. Name and Address of Current Registered Agent
 WHITE, DOUGLAS S
 3390 N.E. 6TH TERRACE
 POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent
 81 Name: White, DOUGLAS S.
 82 Street Address (P.O. Box Number is Not Acceptable): 1343 S. DIXIE HWY. WEST
 83 [Blank]
 84 City: POMPANO BEACH, FL 85 Zip Code: 33060

11. Pursuant to the provisions of sections 607.0502 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: [Signature] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE: DP	<input type="checkbox"/> DELETE
NAME: WHITE, DOUGLAS S	
STREET ADDRESS: 3390 N.E. 6TH TERRACE	
CITY-ST-ZIP: POMPANO BEACH FL	
TITLE: [Blank]	<input type="checkbox"/> DELETE
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> DELETE
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> DELETE
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> DELETE
NAME: [Blank]	
STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME: [Blank]	
1.3 STREET ADDRESS: 1343 S. DIXIE HWY WEST	
1.4 CITY-ST-ZIP: POMPANO BEACH, FL 33060	
2.1 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME: [Blank]	
2.3 STREET ADDRESS: [Blank]	
2.4 CITY-ST-ZIP: [Blank]	
3.1 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME: [Blank]	
3.3 STREET ADDRESS: [Blank]	
3.4 CITY-ST-ZIP: [Blank]	
4.1 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME: [Blank]	
4.3 STREET ADDRESS: [Blank]	
4.4 CITY-ST-ZIP: [Blank]	
5.1 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME: [Blank]	
5.3 STREET ADDRESS: 700002627441	
5.4 CITY-ST-ZIP: -08/28/98--01028--033	
	***150.00
6.1 TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME: [Blank]	
6.3 STREET ADDRESS: [Blank]	
6.4 CITY-ST-ZIP: [Blank]	

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

SIGNATURE: [Signature] REQUIRED 7/20/98 (954)783-746

CR2E034 (5/98)

7/29/94

(2)

To whom it may concern

After receiving your second notice package, I telephoned your representative and was instructed to re-send the report as the first one was not received due to reasons unknown by myself or your representative. As asked, I looked up the check number and checked bank records. The check has not come back. #2054 written to Division of Corporations in May. Enclosed in the new check #2207 for \$150.00

P93000018484

Thanks
D. Doyle