

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000018487 (7)**

1. Corporation Name  
**PONY CARS, INC.**

Principal Place of Business <b>309 SOUTH FEDERAL HWY SUITE 210 STUART FL 34994 US</b>	Mailing Address <b>98 SOUTH RIVER RD SUITE 210 SEWALLS POINT FL 34996-6432 US</b>
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2. Principal Place of Business 21 <b>309 SOUTH FEDERAL HWY</b> Suite, Apt. #, etc. 22 <b>N-A</b> City & State 23 <b>STUART FLA.</b> Zip 24 <b>34994</b>	2a. Mailing Address 26 <b>98 SOUTH RIVER ROAD</b> Suite, Apt. #, etc. 27 <b>N-A</b> City & State 28 <b>SEWALLS POINT, FLA.</b> Zip 29 <b>34996</b> Country 30 <b>U.S.</b>
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3. Date Incorporated or Qualified <b>03/11/1993</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0393734</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LAMONT, GEOFFREY R  
2234 S.E. ARBOR ROAD  
PT. ST. LUCIE FL 34952**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DPST</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LAMONT, GEOFFREY R</b>	1.2 NAME	
STREET ADDRESS	<b>2234 S.E. ARBOR RD.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PORT ST. JOE FL 34952</b>	1.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUTRYBALA, MICHAEL F</b>	2.2 NAME	
STREET ADDRESS	<b>2234 S.E. ARBOR RD.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PORT ST. JOE FL 34952</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 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:  **Geoffrey R. Lamont**

**561-223-8787**

Date \_\_\_\_\_ Daytime Phone \_\_\_\_\_

0476366

CR2E034 (9/96)