

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P93000038173 (9)

95 FEB 21 AM 11:30

1. Corporation Name
MOTOR CARS, INC.

Principal Place of Business
**1620 S. DIXIE HWY.
HOLLYWOOD FL 33020**

Mailing Address
**1620 S. DIXIE HWY.
HOLLYWOOD FL 33020**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Changed
05/24/1993

3a. Date of Last Report
03/30/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. Box 223261**

4. FID Number
58-2048081

Applied For
Not Applicable

23 City & State

27 City & State
Hollywood FL

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24 Zip

25 **Broward**

29 **33022**

30 **Broward**

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FELDMAN, RICHARD A
1390 S. DIXIE HWY.
SUITE 1310
CORAL GABLES FL 33146**

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 607.0502 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 typed or printed name of registered agent and the filer)

(NOTE: Registered Agent signature required when applicable)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PT	1. TITLE	☒ Change ☐ Addition
NAME	TAFT, ROBERT B.	12. NAME	
STREET ADDRESS	1822 S. OCEAN DR.	13. STREET ADDRESS	2781 NE 14TH AVE
CITY-ST-ZIP	FT. LAUDERDALE-FL	14. CITY-ST-ZIP	WILTON MANORS FL 33334
TITLE	VPS	21. TITLE	☐ Change ☐ Addition
NAME	HENSON, BEVERLY B.	22. NAME	
STREET ADDRESS	5810 BENTLEY RD.	23. STREET ADDRESS	
CITY-ST-ZIP	CUMMING GA	24. CITY-ST-ZIP	
TITLE		31. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE		41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 130.02, 606, 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, stamped, or on an attachment with an address.

SIGNATURE:

Robert B. Taft
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

1/20/95 305-685-9279