

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY - 1 AM 9:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT

1. Corporation Name: **PRESTIGE MOTORCAR COMPANY OF Ocala**
Doc # P93000044202

Principal Place of Business	Mailing Address
3041 N.E. JACKSONVILLE RD. UNIT 10 OCALA, FL. 34479	P.O. BOX 3803 OCALA, FL 34478
2. Principal Place of Business	2a. Mailing Address
21	2b. P.O. BOX 3803
Suite, Apt. # etc	Suite, Apt. # etc
22	27
City & State	City & State
23	28 OCALA, FL
24	29 34478 30 USA

9. Name and Address of Current Registered Agent

**L. M. MILBARTH
1301 N. E. 14TH ST.
OCALA, FL
34470**

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 607.05(2) and 607.15(8), 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 607.15(8), Florida Statutes.

SIGNATURE

(If not a registered agent, type "Not Applicable" in block 10. If this block is checked, sign signature required elsewhere)

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME	1.1 NAME	1.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1.2 NAME		
CITY, ST, ZIP	1.3 STREET ADDRESS		
NAME	2.1 NAME	2.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2.2 NAME	2.2 STREET ADDRESS	
CITY, ST, ZIP	2.3 STREET ADDRESS	2.4 CITY, ST, ZIP	
NAME	3.1 NAME	3.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3.2 NAME	3.2 STREET ADDRESS	
CITY, ST, ZIP	3.3 STREET ADDRESS	3.4 CITY, ST, ZIP	
NAME	4.1 NAME	4.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4.2 NAME	4.2 STREET ADDRESS	
CITY, ST, ZIP	4.3 STREET ADDRESS	4.4 CITY, ST, ZIP	
NAME	5.1 NAME	5.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5.2 NAME	5.2 STREET ADDRESS	
CITY, ST, ZIP	5.3 STREET ADDRESS	5.4 CITY, ST, ZIP	
NAME	6.1 NAME	6.1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	6.2 NAME	6.2 STREET ADDRESS	
CITY, ST, ZIP	6.3 STREET ADDRESS	6.4 CITY, ST, ZIP	

14. I acknowledge clearly that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.03(9)(b), Florida Statutes. 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 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 my attachment with an address.

SIGNATURE:

J. NEIL FISHER

5/3/95

(904) 624-3600

MINIMUM FEE \$100.00 OR PRINTED NAME OF BOARING OFFICER OR DIRECTOR