SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO PEINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of Stale DIVISION OF CORPORATIONS

P93000047035 (9) DOCUMENT #

MASON - NOVA MOTORS, INC.

FILED Aug 12 1997 8:00am Secretary of State



Principal Place of Business Mailing Address					***************************************	,,,, aain alan 1894 98(al	1 17104 OLUI LOBI	
1942 N NOVA RD 1942 N NOVA RD								
HOLLY HILL	FL 32117	HOLLY HILL FL 32117	HOLLY HILL FL 32117		DO NOT WRITE	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	3a. Date of Last	Report	
					06/25/1993	05/01/199		
2. Principal P	tace of Business	2a. Mailing Address		4. FEI Number		Applied For		
21		26		59-3192004	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional Fee Required				
22		27						
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		n May Ba		
23		28		Trust Fund Contribution	· · · · · · · · · · · · · · · · · · ·			
Zip Country		Zip Country			8. This corporation owes or has paid the current year Intangible			
24	25	29	30		Personal Property Tax due June	/	□ No	
	9. Name and Address of Currer				10. Name and Address of New Re	gistered Agent		
NU	ISBAUM, JEFF J		8	Name				
	42 N NOVA RD		8:	Direct Add	dress (P.O. Box Number is Not Acceptate	ala\		
HOLLY HILL FL 32117			64	2 Street Aut	dress (P.O. box Number is Not Acceptat	ле)		
,,,,		6:	3	· · · · · · · · · · · · · · · · · · ·				
			L					
			84	4 City		FL 85 Zi	p Code	
11 Purcuant	to the provisions of Sections 607 050	2 and 607 1508. Florida Statute	s the abov	ve-named co	rooration submits this statement for the r		its registered	
office or r	egistered agent, or both, in the State	of Florida. Such change was au	uthorized t	y the corpor	rporation submits this statement for the patient's board of directors. I hereby accept	pt the appointment	as registered	
agent i a	im familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statute	es.				
SIGNATURE	Signature, typed or printed name of registered age	and and tills if arrive abda (NIOTE-	Ponietował A	acut elanatura raa	uired when reinstating)	DATE		
12.		D DIRECTORS	13.	gon algrada req	ADDITIONS/CHANGES TO OFFIC		ORS IN 12	
TITLE	D DELETE		1.1 TITLE			Change		
NAME	NUSBAUM, JEFF J		1.2 NAME					
STREET ADDRESS	1942 N NOVA RD			ET ADDRESS				
CITY - ST - ZIP	HOLLY HILL FL 32117	1.4 CITY- ST-ZIP						
TITLE			2.1 TITLE		· · · · · · · · · · · · · · · · · · ·	☐ Change	e 🔲 Addition	
NAME			2.2 NAME			_ •		
STREET ADDRESS		2.3 STREET						
CITY-ST-ZIP			2. 4 CITY-ST-ZIP					
TITLE		DELETE	3.1 TITLE			☐ Chang	e Addition	
NAME			3.2 NAME					
				ET ADDRESS	•			
STREET ADORESS				·			1	
CITY-ST-ZIP TITLE		DELETE	3.4 CITY 4.1 TITLE			☐ Change	e Addition	
NAME		VLLLIL	4. 2 NAM			- vidila		
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP		DELETE	4.4 CITY			☐ Change	e Addition	
TITLE	L"1 DELETE		5.1 TITLE			TT CHAIR	· Francion:	
NAME			5.2 NAME	1				
STREET ADDRESS				ET ADDRESS			ļ	
CITY-ST-ZIP			5.4 CITY-ST-ZIP				122002	
TITLE		☐ DELFTE	6.1 TITLE	1		Change	e 🔲 Addition	
NAME			6.2 NAME				ľ	
STREET ADDRESS			6.3 STREI	ET ADDRESS				
CITY-ST-ZIP			6.4 CITY					
14. I do herel	by ce rtily that the information supplie	d with this filing does not qualify	for the ex	emption state	ed in Section 119.07(3)(i), Florida Statute	s. I further certify th	at 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 employeered 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.

2-1-97

904-1-22-566G