

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED

96 AUG 30 AM 8:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P 94000027862  
1. Corporation Name  
JADE MOTORS, INC

Principal Place of Business Mailing Address  
5052 N. EDGEWATER Box 2014  
ORLANDO, FLA APOPKA, FL  
32810 32704

2. Principal Place of Business 2a. Mailing Address  
21 5052 N. EDGEWATER 26 Box 2014  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 ORLANDO 28 APOPKA  
Zip Country Zip Country  
24 32810 25 ORANGE 29 32704 30 ORANGE

3. Date Incorporated or Qualified 3a. Date of Last Report  
APR 11 94  
4. FEI Number Applied For  
59-3234055 Not Applicable  
5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required  
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be  
Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JOSEPH ABRAMS  
Box 2014  
APOPKA, FL 32704

10. Name and Address of New Registered Agent

81 Name ANN SHIRLEY BARON  
82 Street Address (P.O. Box Number is Not Acceptable)  
1309 GOLF COURSE BLVD  
83  
84 City APOPKA FL 85 Zip Code 32712

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 Ann Shirley Baron 8/30/96  
Signature typed or printed in ink 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	PRESIDENT	1.1 TITLE	
NAME	ANN SHIRLEY BARON	1.2 NAME	
STREET ADDRESS	1309 GOLF COURSE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL 32712	1.4 CITY-ST-ZIP	
TITLE	SECRETARY	2.1 TITLE	
NAME	KAREN MILES	2.2 NAME	
STREET ADDRESS	5052 N. EDGEWATER DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32810	2.4 CITY-ST-ZIP	
TITLE	TREASURER	3.1 TITLE	
NAME	MIKE MATTURO	3.2 NAME	
STREET ADDRESS	5052 Edgewater Dr	3.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32810	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ann Shirley Baron 8/30/96  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (3/96)