

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

010190

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90122 039 ***150.00

| PROFIT CORPORATION ANNUAL REPORT 1999 | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
|--|-----------------------------|---|----|
| DOCUMENT # P94000028840 | | | |
| 1. Corporation Name CENTRAL FLORIDA MOTORS, INC. | | | |
| Principal Place of Business 1526 W. PRINSTON WINTER PARK FL 32804 | | Mailing Address 977 SUMMER LAKES DR ORLANDO FL 32835 US | |
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | | 26 | |
| Suite, Apt #, etc. | | Suite, Apt #, etc. | |
| 22 | | 27 | |
| City & State | | City & State | |
| 23 | | 28 | |
| Zip Country | | Zip Country | |
| 24 | 25 | 29 | 30 |
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| BEECHER, THOMAS P 977 SUMMER LAKES DRIVE ORLANDO FL 32835 | | 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 THOMAS P. BEECHER | | DATE 3-16-99 | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | PV | 11 TITLE | |
| NAME | BEECHER, THOMAS P | 12 NAME | |
| STREET ADDRESS | 977 SUMMER LAKES DR. | 13 STREET ADDRESS | |
| CITY-ST-ZIP | ORLANDO FL 32835 | 14 CITY-ST-ZIP | |
| TITLE | | 21 TITLE | |
| NAME | | 22 NAME | |
| STREET ADDRESS | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | | 24 CITY-ST-ZIP | |
| TITLE | | 31 TITLE | |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | 34 CITY-ST-ZIP | |
| TITLE | | 41 TITLE | |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | 44 CITY-ST-ZIP | |
| TITLE | | 51 TITLE | |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

14. I 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, with all other like empowered.

SIGNATURE:

T. BEECHER

3-16-99

407-297-1582

CR2E034 (11/98)