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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400033841

1. Corporation Name

PREFERRED MOTORCARS, INC.

Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90013 016 ***150.00



Suite, Apt. 22 City & State	AVE. 33511 Place of Business #, etc.	Mailing Address 112 S. KINGS AVE. BRANDON FL 33511 -2a.=Mailing:Address.= 26 Suite, Apt. #, etc. 27 City & State 28				0 -=4:-FF 5 5. Cd 6. El	1 1 301(66) (5 3 181) 8 181) 8 111		\$8.75 Fee R	pplied For	- 1
23 Country Country 25		Zip 29	Country		8. This corporation owes the current year intangible Personal Property Tax.						
	9. Name and Address of Curre	nt Registered Agent				10. N	lame and Address of Nev	Registered	Agent		-
7 tuy/	KES, THOMAS L			81 !	Name						1
7 × 2422	2 ARBORWOOD DRIVE			82 3	Street Addres	ss (P.O). Box Number is Not Acce	otable)]
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office or r	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	of Florida. Such change w	as authorized	by the	named corpor le corporation	ration son's boar	submits this statement for the rd of directors. I hereby acc	ept the appo	changing its intment as re	s registered egistered	
SIGNATURE			NOVE Pagistared		ianatum required	uhon reihe	etating	DATE			
	Signature, typed or printed name of registered ag				signature required		stating) DDITIONS/CHANGES TO C	DEFICERS A	ND DIRECT	ORS IN 12	
SIGNATURE 12. TITLE		ent and title if applicable. (IND DIRECTORS	13.	Agent si	signature required		DITIONS/CHANGES TO		ND DIRECT		14.00
12.	OFFICERS A	ND DIRECTORS	13.	Agent si	ignature required	AD	DDITIONS/CHANGES TO				100,747,700
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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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS