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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

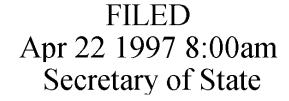
## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400034136 (9)

TRANSCAR MOTORS, INC.

112 TRADERS COVE BLVD DEBARY FL 32713	112 TRADERS COVE BLVD DEBARY FL 32713-4744	
Principal Place of Business	Mailing Address	





DEBARY FL 32713		DEBARY FL 32713-4744										
						3.	Date Incorporated or Qualified	3a. Da			port	
9 (5):15 11/5	and Division	20 Mailine Address			·	+,	04/26/1994	<u> 1 09/</u>	03/18		The state of	
2. Principal Place of Business 2a. Mailing Address						"	FEI Number		F		olied For	
21   26   Suite, Apt. #, etc   Suite, Apt. #						59-3241738				Not Applicable   \$8.75 Additional		
22 Suite, Apr.	#, etc	Suite, Apt. #, etc.					Certificate of Status Desired			ee Rec		
City & State	3	City & State				6.	Election Campaign Financing Trust Fund Contribution			5.00 to	May Be	
Zip	Country	Zip	Cou	intry		8.	This corporation has liability for				·····	
24	25	29	30					Yes [				
	9. Name and Address of Curre	ent Registered Agent				10	. Name and Address of New Re	gistered	Agent			
GEN	DRON, GILBERT J			81	Name							
	TRADERS COVE BLVD			00	Ctroot Addr	rong /	D.O. Bay Number is Not Assessable	ula)				
	ARY FL 32713			82	Street Addi	ress (i	P.O. Box Number is Not Acceptab	ıв) 				
				83								
				84	City			FL	85	Zip C	ode	
office or re agent. Lai SIGNATURE	to the provisions of Sections 607 of egistered agent, or both, in the Star or familiar with, and accept the obli				the corporat			ot the app	ointme	int as r	egistered	
12,	Signature: typed or printed name of registered agont and fite it applicable (NOTI OFFICERS AND DIRECTORS		13.	u vya	in eignature regur		ADDITIONS/CHANGES TO OFFICE		DIRE	CTORS	S IN 12	
TITLE	PVD	DELETE	1.1.1	T£F					☐ Ch		Addition	
NAMÉ	GENDRON, GILBERT J	<b></b> ···	1.2 N	AMF						•	_	
STREET ADDRESS	112 TRADERS COVE BLVD				ADDRESS							
CITY-SI-ZIP	DEBARY FL 32713		- 1	ITY-S								
Tille	OCDAN I C OZ 10	DELETE	217				77.111.41			nange	Addition	
NAME		<u></u>	22 N		-					·		
STREET ADDRESS					ADDRESS							
CITY-ST-Z#	ı				ST-ZIP							
TITLE		DELETE	3.1 7		27 \$11				Cr	nange	Addition	
NAME			3.2 N	AME	}							
STREET ADORESS			3.3 \$	TREET	ADDRESS							
CITY - ST-ZIP					ST-ZIP							
TITLE		☐ DELETE	4.1 T						☐ ci	nange	Addition	
NAME (			4.21	IAME	- [							
STREET AUDRESS			4.3 \$	TREET	ADDRESS							
CITY - ST - ZIP			440	iTY-S	T-ZIP							
TITLE		DELETE	5 1 T	ITLE					C	ange	Addition	
NAME			5.2 N	AME								
STREET ADDRESS			5.3 S	TREET	ADDRESS							
CITY-ST-ZIF			5.4 0	ITY-\$	T-ZIP							
TITLE		DELETE	6.1 T						Ci	nange	Addition	
NAME			62 N	AME								
STREET ADDRESS			6.3 \$	TREET	ADDRESS							
CITY - \$1 - ZIP			6.4 0	ITY-S	T-ZIP							
	by certify that the information suppl	ed with this filing does not qual	lify for the	ехе	mption stated	d in S	ection 119.07(3)(i), Florida Statute	s. I furthe	r certif	y that t	he	

4. I do 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4-15-97 904-775-611