


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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90035 036 ***158.75



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000042042

1. Corporation Name
INTELLIGENT MOTOR CARS, INC.

Principal Place of Business 817 NW 1ST ST FT LAUDERDALE FL 33311 US	Mailing Address 817 NW 1ST ST FT LAUDERDALE FL 33311 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/31/1994

4. FEI Number 65-0497224	Applied For Not Applicable
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5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business 21 5598 NW 10 Terr. Suite, Apt. #, etc. 22 City & State 23 Ft. Lauderdale FL Zip Country 24 33309 25 USA	2a. Mailing Address 26 5598 NW 10 Terr. Suite, Apt. #, etc. 27 City & State 28 Ft. Lauderdale FL Zip Country 29 33309 30 USA
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9. Name and Address of Current Registered Agent

MALONEY, FRANCIS X JR
817 NW 1ST ST
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name Gerard A. Scalzo	82 Street Address (P.O. Box Number is Not Acceptable) 5598 NW 10 Terr	83	84 City Ft. Lauderdale FL	85 Zip Code 33309
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VP	<input checked="" type="checkbox"/> DELETE
NAME MALONEY, PATRICK C	
STREET ADDRESS 817 NW 1ST ST	
CITY-ST-ZIP FT LAUDERDALE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME GERARD A SCALZO	
1.3 STREET ADDRESS 5598 NW 10 TERR.	
1.4 CITY-ST-ZIP FORT LAUDERDALE FL 33309	
2.1 TITLE Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Michael Mariotti	
2.3 STREET ADDRESS 5598 NW 10 Terr	
2.4 CITY-ST-ZIP Fort Lauderdale FL 33309	
3.1 TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Francis X. Maloney	
3.3 STREET ADDRESS 5598 NW 10 Terr	
3.4 CITY-ST-ZIP Fort Lauderdale FL 33309	
4.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Amber L. Scalzo	
4.3 STREET ADDRESS 5598 NW 10 Terr	
4.4 CITY-ST-ZIP Fort Lauderdale FL 33309	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-99 (84) 202-9450

Date

Daytime Phone #

CR2E034 (11/98)