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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000044807 (3)

MCRAE MOTORS, INC.

Principal Place of Business

Mailing Address

FILED Apr 17 1998 8:00am Secretary of State



1540 FLETCHER STRET HOLLYWOOD FL 33020		4 S.W. 10TH AVE. HALLANDALE FL 33009						
						DO NOT WRITE IN THIS 3, Date Incorporated or Qualified	SPACE	
						06/10/1994		
2. Principal Pl	ace of Business	2a. Mailing A	ridress			4. FEI Number		Applied For
21		26				65-0499096		lot Applicable
Suite, Apt. #, etc.		Suite, Apt	#, etc.				\$8.75	Additional
22		27				5. Certificate of Status Desired	Fee F	Required
City & State		City & Sta	City & State			8. Election Campaign Financing	\$5.00	May Be
23		28	 			Trust Fund Contribution	Added	l to Fees
Zip	Country	7ip	<u> </u>	Country		This corporation owes or has paid the cu		
24	25 Name and Address of Curre	29	30	т		Personal Property Tax due June 30. 10. Name and Address of New Registered		☐ No
		alit Hegistelen Agei		81	Name	10. Haile sile Address of New Hegisteled	v Agoin	
AUBRY, CLAUDE								
	IO FLETCHER STRET			82	Street	Address (P.O. Box Number is Not Acceptable)		
HU	LLYWOOD FL 33020			83				
				84	City	FL	85 Zip	Code
11. Pursuant t	o the provisions of Sections 607.05	02 and 607 1508. FI	orida Statules, th	e above	-named	corporation submits this statement for the purpose of	t changing	its registered
office or re	egistered agent, or both, in the State	te of Flonda, Such el	iange was author	rized by	the corp	poration's board of directors. I hereby accept the app	oointment a	s registered
-	ii ianimai witi, and accept the obii	gations or, section o	01.0000, Florida	Statutes	٠.			İ
SIGNATURE .	Signature, typed or printed name of registeric a	gest and the diapple able	(NOTE Reg	storod Age	nt signature	required when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	DIRECTO	RS IN 12
TITLE	PST		DELETE	1.1 TITLE		Mesident,	Change	Addition
NAME	AUBRY, CLAUDE		1	1.2 NAME		Aubry, Claude		
STREET ADDRESS	1540 FLETCHER STRET		1	1.3 STREET	ADDRESS	4 5. w. 10+0 Ale.		
CITY-ST-ZIP	HOLLYWOOD FL 33020			14 CITY-S	T - 7IP	Hubry, Clarge 4 5.w. 10+6 Ave. Hallandale, FL 3300	·	
TITLE		L	DELETE	2 1 1ITLE		1	Change	L Addition
NAME			1	22 NAME				
STREET ADDRESS			7	2 3 STHEET	ADDRESS			
CITY-ST-ZIP				2 4 CITY - S	I - ZIP		T	
TITLE		L.,		3 1 111LE			L Change	☐ Addition
NAME				3 2 NAME				
STREET ADDRESS			1	33 STREET				
CITY-ST-ZIP				3 4. CITY - S	IT-ZIP		Change	Addition
TITLE		L		4 1 TITLE			L Change	☐ Addition
NAME	-			4. 2 NAME	1000000			
STREET ADDRESS				4.3 STREET				
CITY-ST-ZIP TITLE				4 4 CNY-S 5 1 TILE	I - ZII'		Change	☐ Addition
		L.J					Onlinge	
NAME Street Address			•	52 NAME	ADDOLCO			1
				5 3 STREET				1
CITY-ST-ZIP TITLE				5.4 CITY - S 6.1 TITLE	I - ZIP		Change	Addition
NAME				6 2 NAME			O'migo	L Manior
				6.3 STREET	Y DUDE C C C			1
STREET ADDRESS				6.4 CITY - S				!
CITY-ST-ZIP	artific that the information convolind	uutu thin tiina doon i	not qualify for the			d in Section 119.07/3\(\) Florida Statutos I further e	artific that th	o information

indicated on this annual report or supplied with this ining does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that the information indicated on this annual report for supplicmental 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.

41,2/26