SECOND NOTICE: CORPORATION WILL BE DISSCILVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State VISION OF CORPORATIONS **1996**& ଏର ଦା DOCUMENT # P94000056072 (9) CENTRAL FLORIDA MOTORCARS, INC. Mailing Address Principal Place of Business 127 N. ATLAS DRIVE 127 N. ATLAS DRIVE APOPKA FL 32703 APOPKA FL 32703 3a. Date of Last Report 3. Date Incorporated or Qualified 05/22/1995 01/28/1994 Applied For **FEMNumber** 2n. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite Apt #, etc 5. (Certificate of Status Desired Fee Required 22 **\$5.00** May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Zip Country Ζφ Country Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BURGETT, ROBERT Street Address (P.O. Box Number is Not Acceptable) 82 127 N. ATLAS DRIVE APOPKA FL 32703 83 Zip Code 85 City 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the algorithms are 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. Thereby accept the appointment as registered agent, I am lamillar with, and accept the obligations of, Section 607,0505. Florida fatutes. SIGNATURE red Agent signature required when reinstating Signature, typed or printed training thegetered agent and title it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)OFFICERS AND DIFECTORS 12. Change Addition DELETE 1 1 TIRE TITLE 1.2 NAME BURGETT, ROBERT NAME 127 N. ATLAS DRIVE 13 STREET ADD STREET ADDRESS APOPKA FL 32703 1 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2 I THILE TITLE 2.2 NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 31 THILE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS 34 CITY-SI-ZIP Change Addition CITY-ST-ZIP DELETE 4 1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CHY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 51 TIFLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY - ST - 7:P CITY - ST - 712 Change Addition DELETE 61 THLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CHY - ST - 7IP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report is supplemental annual report is true and accurate and that my signature shall have the same legal effect an uniformation indicated on this annual report is true and accurate and that my signature shall have the same legal effect an uniformation indicated on this annual report is true and accurate and that my signature shall have the same legal effect an uniformation indicated on this annual report is true and accurate and that my signature shall have the same legal effect an uniformation supplied with the contraction or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, a that my name appears in Block 12 and 15 or same legal effect as if 7, Florida Statutes, and SIGNATURE:

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