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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P9400074218 (6)

Prìncipal Plac	MOTION, INC. The of Business RY CIRCLE WEST	Mailing Address 2145 DISCOVERY CIRCLE W POMPANO FL 33084	vEST			
				 Date Incorporated or Qualified 10/10/1994 	01/29/1996	
	hace of Business NW 397 AUE	2a. Mailing Address 26 559 KW	797 AVE	4, FEI Number 65-0535481	Applied For Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & Stat	CHEW BEACH FL	City & State 28 DEMFIELD	BEACH F	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 334	Country 25 US	zip 29 33442	Country 30	a. This corporation has liability for	r intangible tax under s. 199,032, Yes No	
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
BUCCAFUSCO, RAYMOND 81 Name Ca				ICCAFUSCO, PAYMOND		
%2145 DISCOVERY CIRCLE WEST POMPANO FL 33064				Address (P.O. Box Number is Not Acceptable)		
			83			
				EERFIELD BEACH	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the above-named cor	poration submits this statement for the ation's board of directors. I hereby according	purpose of changing its registered	
agent La	irn familiar with, and accept the obliga	tions of Section 607.0505, Flor	ida Statutes.	that is board of directors. Thereby acci	spit the appointment as registered	
SIGNATURE	PAYMOND Buccof	isco Thes	Registered Agent signature requ		1/1/97	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
TITLE	P	DELETE	1.1 TITLE	7	Change Addition	
NAME	BUCCAFUSCO, RAYMOND		1.2 NAME B	uccafusco, Raymon 2902 Hyland Circle Oca Ratow, Fl. 3342	D	
STREET ADORESS	O/O ALLE DIGODIED OIDOLE MEST		1.3 STREET ADDRESS /	2902 HYLAND CIRCLE		
C(1Y - S1 - ZIP	POMPANO FL		1.4 CITY - ST-ZIP	OCA RATON, Fl. 33421	<i>§</i>	
TITLE	حسرا	DELETE	2.1 TITLE		Change Addition	
NAME	Jo		2.2 NAME	OHN GUERASIO		
STREET ACORESS	7		2.3 STREET ADDRESS	59 NW 39BAVE		
CITY+ST-ZIP			2 4 CITY+ST-ZIP	EERFIELD BEACH FA	4. 37442	
THLE		☐ DELETE	3.1 TITLE 3	EC .	Change Addition	
NAME			3.2 NAME C	HARJES MARCONI		
STREET ADDRESS			3.3 STREET ADDRESS 7	67 RIVER DELL RO		
City-St-7iP			3.4. CITY-ST-ZIP	CADEIL N. U. 07649	j	
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS)	
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
THILF		☐ DELETE	51 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
City-St-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			62 NAME		j	
STREET ADORESS			6.3 STREET ADDRESS			

6.4 CITY - ST - ZIP

SIGNATURE:

CITY - ST - 202

14. I do hereby certify that the information supplied with this filing does not quality 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 manuald, or or an attachment with an address.

FILED

Apr 08 1997 8:00am

Secretary of State

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