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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000091761 (4)**

1. Corporation Name
PERFORMANCE CARS OF SOUTH FLORIDA, INC.

Principal Place of Business	Mailing Address
500 CYPRESS CREEK ROAD WEST STE. 590 FORT LAUDERDALE FL 33309	500 CYPRESS CREEK ROAD WEST STE. 590 FORT LAUDERDALE FL 33309-6157

3. Date Incorporated or Qualified: 12/20/1994
3a. Date of Last Report: 03/18/1996

2. Principal Place of Business
21 Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 8367
Suite, Apt. #, etc. 27
City & State 28 Ft. Lauderdale, FL
Zip 29 33310-8367 Country 30 USA

4. FEI Number: 65-0557275 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

EMO CORPORATE SERVICES INC.
100 NE THIRD AVENUE STE. 1100
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name: Mercedes Padin, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 500 Cypress Creek Road West, Suite 590
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33309

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: Mercedes Padin — Mercedes Padin — 3/10/97
Signature of new registered agent, if changing (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MCPHEE, FRANK 500 CYPRESS CREEK RD W #590 FT LAUDERDALE FL 33309 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WOODSIDE, JOANN 500 CYPRESS CREEK RD W #590 FT LAUDERDALE FL 33309 ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP & Secy & Treas. CARLSON, ROBERT J. 500 CYPRESS CREEK RD., W #590 FT. LAUDERDALE FL ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

14. 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: Robert Carlson — Robert J. Carlson, Secy — 3/10/97 — 954-958-3612
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0267193