SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # P95000001371 (0) TAMPA CAR FACTORY, INC. Principal Place of Business Mailing Address 5303 MACBETH CT. 5303 MACBETH CT. **TAMPA FL 33624** TAMPA FL 33624 3. Date Incorporated or Qualified 3a. Date of Last Report 01/06/1995 Mailing Address FEI Number 32 2a. Applied For 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zio Country This corporation has liability for intangible tax under s. 199.032. 29 Yes No 30 Florida Statutes me and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BASSIL, GEORGE B 5303 MACBETH CT. 82 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33624 83 84 City 85 Zio Code 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 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature: Typed or pointed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/96) ħ TITLE DELETE 1.1 TITLE Change Addition BASSIL, GEORGE B NAME 1.2 NAME CR2E034 5303 MACBETH CT. STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33624** CITY - ST - ZIP 1 4 CITY - ST - ZIP D TITLE DELETE 2 1 TITLE DAHAN, NINA Change Addition NAME 22 NAME 1819 E. XITH ST. STREET ADDRESS 23 STHEET ADDRESS BROOKLYN NY 11229 CITY-ST-ZIP 2 4 CITY - ST- ZIP THLE DELETE 3 1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST-ZIP 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 TITLE DELETE 5 1 TITLE 800001906988 Addition -07/29/96--01017--038 NAME 5 2 NAME STREET ADDRESS 5 3 STREET ADDRESS ***225.00 CITY-ST-ZIP 5 4 CHTY - ST - ZIP TITLE DELETE 6 1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6 4 CITY - ST - ZIP 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 1.19.07(3/k). Florida Statutes 1 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 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 617, Florida Statutes, a that my name appears in Block 12 or Block 13 if chapter 617, Florida Statutes, a

Pass of Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

SIGNATURE: