FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

	L REPORT	5 -	Secretary of State DIVISION OF CORPORATIONS						
DOCUM 1. Corporation No	ENT # P950 0	00025721	(8)						
•	R OF MOTORS, INC.					e enginene ma inibi dicil ngili di	ISI RO SIN REKIE (LDEC BONG SERIA	M aa l maa 4 4 1
Principal Place of	Business	Mailing Address				(1001100) (12 10111 01111 00111			
84 GENEVA DRIVE		84 GENEVA DRI OVIEDO FL 327							
OVIEDO FL 33	2765	CAICDO LE SEV	03			3. Date Incorporated or Qualified 03/28/1995	3a. Date	of Last Rep	ort
2. Principal Place	e of Business	2a. Mailing Address				4. FEI Number		h	plied For
21		26				<u> 59-330581</u>	16	\$8.75	t Applicable
Suite, Apt. #,	etc.	Suite: Apt. #, et	С			5. Certificate of Status Desired		Fee Re	
City & State		Orty & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added	
Zιρ	Country	Zip	h 1	ountry		8. This corporation has liability for Florida Statutes X Yes	intangitile ta . No	x unoers i	33.032,
24	9. Name and Address of Curre	29 at Registered Agent	30	γ ·		10. Name and Address of New 1	Registered	Agent	
	9. Name and Address of Control	The second secon		81	Nanie				
VEDNON	I, ALTON W JR.			82	Street Addi	ess (P.O. Box Number is Not Accepta	ble)		
	DIVISION STREET								
OVIEDO FL 32765				83					
0112501250				84	City	City FL 85 Zip Code			
		000 4500 510 510	Out to the		aned carro	ration submits this statement for the pi rd of directors. Thereby accept the ap		anging its re	gistered office
11. Pursuant to or registered	the provisions of Sections 607.050 diagent, or both, in the State of Flor	nd i Such change was a	statutes, the third the state of the state o	ie corbo	oration's boa				agent. Lam
familiar with	d agent, or both, in the State of Floi i, and accept the obligations of, Sec	than 607,0505, Norda St				*	H-1	4.96	
SIGNATURE 3	is a speed or pirrology a risk of registers flags.	amartic targle da			Solit II, No Leo bros	ADDITIONS/CHANGES TO OF	CATE		3S IN 12
12.	OFFICERS AF	NO DIRECTORS		1 IIILE		ADDITIONS/CHANGES TO OF		Change	Addition
TITLE	D	☐ DELET	i i	2 NAME					
NAME	VERNON, ALTON W JR.		1		ADDRESS				
STREET ADDRESS	645 DIVISION STREET OVIEDO FL 32765			1.3 ST 4.0 1.4 CITY - S					
CITY - ST - ZIP	D OVIEDO FL 32763	DELE		1 TITLE				Change	☐ Additron
TITLE NAME	VERNON, ELIZABETH R			2 2 NAMÉ					
STREET ADDRESS	645 DIVISION STREET			3 STREET	ADDRESS				
CITY - ST - ZIP	OVIEDO FL 32765			2 4 CIT 1 - S	ST - 7IP			Change	Addition
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NAME				3.2 NAME					
STREET ADDRESS					T ADDRESS				
CITY-ST-ZIP		DELE		3.4 C(Ty -) 4. 1.1111.E				Change	Addition
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NAME					T ADDRESS				
STREET ADDRESS				4 4 CITY	\$1 - ZIP			Chara-	[Addition
CITY-ST-ZIP TITLE		DELE	ſŁ	5 1 T ILE				☐ Charge	Addition
NAME				5.2 NAME					
STREET ADDRESS			}		I ADDRESS				
CITY-ST-ZIP		FT 50.	TC TC	5.4 CHY-				Change	Addition
TITLE		☐ D€1	:10	6 1 TITLE 62 NAME					
NAME					L ADDRESS				
STREET ADDRESS				(Jainti	. merentically				

64 City-St 7.P

SIGNATURE: *

SIGNATURE AND LIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 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 trusted 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. 4-14-96 407-365-3521