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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000030135 (4)

J AND F MOTORS, INC. Principal Place of Business Mailing Address 7710 S WESTSHORE BLVD 7710 S. WESTSHORE BLVD **TAMPA FL 33616** TAMPA FL 33616 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/12/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable 59-3317918 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes 24 30 Personal Property Tax due June 30. 25 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name MAGYAR, JANOS 8727 N. OLA AVE. Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33604 83 City 84 85 Zip Code FL 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** Signature, byped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE MAGYAR, JANOS 1.2 NAME NAME 8727 N. OLA AVE. STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33604 CITY-S1-2IP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34. CITY-ST-ZIP DELETE Change ☐ Addition 41 TITLE TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5 3 STREET ADORESS** CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE

14. I 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 receivor 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.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY: ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

mo kognar 90

4/27/98

ZE034 (10/97)

FILED

May 04 1998 8:00am

Secretary of State