

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

FILED  
Mar 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000056773 (1)**

1. Corporation Name

**HOT WHEELS MOTOR CARS, INC.**



Principal Place of Business <b>2704 63RD AVE E BRADENTON FL 34203</b>	Mailing Address <b>2236 IXORA AVE. SARASOTA FL 34234</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>6011 1ST EAST</b>		2a. Mailing Address <b>2236 IXORA AVE</b>		3. Date Incorporated or Qualified <b>07/21/1995</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number <b>65-0594209</b>	
22. City & State <b>BRADENTON FLA</b>		27. City & State <b>SARASOTA FLA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23. Zip <b>34203</b>		28. Zip <b>34234</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24. Country		29. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**WILSON, LINDA  
2236 IXORA AVE.  
SARASOTA FL 34234**

10. Name and Address of New Registered Agent

81 Name **LINDA WILSON**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2236 IXORA AVE**  
83 **SARASOTA FLA**  
84 City **34234** **FL** 85 Zip 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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, LINDA</b>		NAME		
STREET ADDRESS	<b>2236 IXORA AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GABRIEL, HEATHER</b>		NAME		
STREET ADDRESS	<b>2236 IXORA AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>		CITY-ST-ZIP		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILSON, LINDA</b>		NAME		
STREET ADDRESS	<b>2236 IXORA AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>		CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> DELETE	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GABRIEL, HEATHER</b>		NAME		
STREET ADDRESS	<b>2236 IXORA AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>SARASOTA FL 34243</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 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:

CR2E034 (10/97)