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

CORPORATION



FLORIDA DEPARTMENT OF STATE

ANNU	AL REPORT	Sandra B. Morthani Secretary of State D:VISION OF CORPORATION		ONS					
DOCUN 1. Corporation	MENT # P9500	0007224	6 (8)						
	MOTORWORKS, INC.						# 1841/601/4/0 (0/8) @#W 01/1 @#W		DARIA MAKA BURAD ANK MAKA
Principal Place of Business Mailing Address									
9005 N. DAV PENSACOLA	ris hwy FL 32514								
						3 . D	ate Incorporated or Qualified 09/19/1995	3a. Date of	Last Report
2. Principal Pla	ice of Business	2a. Mailing Aoi 26	liess			4 , Fi	59 - 33 ³ 714	19	Applied For Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt	#. etc.			5 . C	ertificate of Status Desired		\$8.75 Additional Fee Required
Crty & State		City & Stat	9			I	lection Campaign Financing rust Fund Contribution		\$5.00 May Be Added to Fees
Ζιρ 24	Country 25	Ζφ 29	30	Country		I	his corporation has liability for horida Statutes		inder's 199 032.
	g, Name and Address of Curre	ent Registered Agen	t	81	Name	10. N	lame and Address of New R	egistered Ag	ent
9905 RAYMAR ST					Street /	Address (P.O.	Box Number is Not Acceptab	le)	
	OLA FL 32534			83					
				84	City				85 Zip Code
11. Pursuant to	o the provisions of Sections 607.050	02 and 607.1508. Flor	da Statutes, the	aboves	named co	rooration suit	omits this statement for the nur	FL	ing its registered office
or registere	o the provisions of Sections 607,050 ad agent, or both, in the State of Flo hyand accept the obligations of, Sec	inda. Such change wa ction 607,0505. Florid	s authorized by t	he corp	oration's	board of dire	ctors. Thereby accept the appoint	entment as reg	gistered agent. I am
SIGNATURE	mothia W Bulla	W - PM	esides	t			6-10-	16	
12.	OFFICERS A	NO DIRECTORS	- Lant water	13.	nt Stylt at the fe	Al	DDITIONS/CHANGES TO OFF	ICERS AND D	RECTORS IN 12
TITLE			LETE	1 1 TITLE		PRESI	DENT /SECRET	ARY D	Change 🔼 Addition
NAME			1	1.2 NAME		CYNT	THA W. BULL	ARD	
STREET ADDRESS					ADDRESS		RAYMAR ST		
CITY+ST+ZIP TITLE		[70		1 4 CHTY - S 2 1 THLE	I - ZIF	אאין	ACOLA FL 32	234	Change X Addition
NAME				2 2 NAME		TREAS	W. BULLARI	<u>ነ</u>	Change X Addition
STREET ADDRESS					ADDRESS	CAR	RAYMAR ST		
CITY-ST-ZIP				2.4 City - 9		PENS	ACOLA FL 3	3263U	
TITLE				3 1 TITLE			- PRESIDENT		Charige 🔀 Addition
NAME			3	3.2 NAME		ALFR	RED R. CONTI		·
STREET ADDRESS			3	33 SIREE	F ADORESS	900 7	TEXAR DR.		
CHTY - ST - ZIP				3 4 CHY 9	I - 20°	PENS	SACOLA FL 32		
THLE				4 1 TITLE					Change 🔲 Addition
NAME				4 2 NAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE		0		4.4 C(1) y - 5 5. 1.1() E	1 - ZIF:		·		Change [] Addition
NAME		[] 0		5 2 NAME				L.J	Sumilê: [] Vocation
STREET ADDRESS					ADORESS				
CITY-ST-ZIP				5 4 CiTy - 5					
TITLE		D		6 1 HILF	•				Change 🔲 Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and dues not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this armual 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 absolution with an address.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

SIGNATURE;

NAME

STREET ADDRESS

CITY - ST - ZIP

resident 6-10-96 Y74-690Y

CR2E034 (12/95)