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.) APPROVED AND FILED FLORIDA DEPARTMENT OF STATE **PROFIT** CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 SEP -4 AM 8: 45 DIVISION OF CORPORATIONS 1996 DOCUMENT # SECRETARY OF STATE TALLAHASSEE. FLORIDA P95000084388 (4) MOVIE CARS, INC. Mailing Address Principal Place of Business 2431 DINNEEN AVE. 2431 DINNEEN AVE. ORLANDO FL 32804 ORLANDO FL 32804 3. Date Incorporated or Qualified 3a. Date of Last Report 10/31/1995 Applied For FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite Apt # etc Certificate of Status Desired Fee Required 22 **\$5.00** May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 This corporation has liability for intangible tax under s. 199 032, Country Country Zip Yes No 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name JOHNSON, ROY A Street Address (P.O. Box Number is Not Acceptable) 2431 DINNEEN AVE ORLANDO FL 32804 83 Zip Code 85 84 City 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, and accept the obligations of, Section 607.0505, Florida Statutes. (POLE Registered Agont sugarance required when resistating) DATE SIGNATURE Signature, typed or polited rightly of regelered agent and blacid applicable (36/8) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 11 TIME TITLE CR2E034 12 NAME 800001947488 -09/16/36--01018--012 JOHNSON, ROY A NAME 13 STREET ADDRESS 112 APPLE BLOSSOM CT. STREET ADDRESS ORLANDO FL 32806 1.4 CITY - ST - ZIP ****375.00 | ***375, Q0 ion CITY-ST-ZH DELETE 2 1 TITLE ST TITLE 2.2 NAME OCILKA, LINDA R NAME 23 STREET ADDRESS 1214 RUSSELL DR. STREET ADDRESS 2 4 CITY - ST - ZIP OCOEE FL 34761 CITY - ST - ZIP Change Addition DELETE 31 TIFLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 41 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY_ST-ZIP Change Addition DELETE 51 TITLE TITLE 5 2 NAME NAM 5 3 STREE I ADDRESS STRUCT ADDRESS 5 4 CITY - ST - ZIP CITY - ST - ZIP DELETE 61 TIFLE TITLE 62 NAME NAME 6 3 STREET ADDRESS STREET ADDRESS 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 it made under oath, that I am an office or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or go an attachment with an address.

SIGNATURĘ:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

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407-578-7933