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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morlham

Secretary of State

DIVISION OF CORPORATIONS

1996

P95000087994 (6)

DOCUMENT # P95

1. Corporation Name

SCHWABEN MOTORS, INC.

FILED Mar 19 1996 8:00 am Secretary of State

	- <u>+</u>										
Principal Place of Business Mailing Address											
541 N.W. 1ST AVE. 541 N.W. 1ST AVE. FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301					33301						
								3. Date Incorporated or Qualified	1	te of Last	
								11/16/1995	NEW	comp	PANY
2. Principal Plac	ce of Business		28.	Mailing Address				4. FEI Number			Applied For
21			26					65-0620441			Not Applicable
Suite, Apt. #	, etc.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired		Fee	5 Additional Required
City & State			28	City & State				6. Election Campaign Financing Trust Fund Contribution			00 May Be led to Fees
Zip		Country		Zip	Cour	ntry		8. This corporation has liability fo		tax under	s 199.032,
24	25		29		30				s No	d Anoni	
	9, Name and	Address of Curi	rent Regis	tered Agent		81	Name	10. Name and Address of New	negiste:et	n whenr	
		_				ا'°	Name				
ASHCRAFT, WILLIAM E 2881 EAST OAKLAND PARK BLVD., #300 FT. LAUDERDALE FL 33306			#300	0		82	Street Addre	lress (P.O. Box Number is Not Acceptable)			
						83					
						l	City		F	┕╎╎	Zip Code
or registers	ad account or bot	h in the State of Fl	lorida Such	7.1508, Florida Statu n change was authori: 0505, Florida Statute	zed by the c	ve-na orpor	med corpora ation's board	ation submits this statement for the p d of directors. I hereby accept the ap	urpose of a paintment a	hanging its as registere	s registered office ed agent. I am
SIGNATURE	Signature, typed or pr	nted name of registered a	gent and title if	applicable (N	OTE: Registered	Agent s	signature required	when reinstating)	DATE		
SIGNATURE	Signature, typed or pr	nted name of registered a		TORS	OTE: Registered	Agent s	signature required	when reinstaking) ADDITIONS/CHANGES TO OF			
SIGNATURE _	D	OFFICERS.		<u>``</u>			signature required			ND DIRECT	
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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)(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 comporation 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 man attentionent with an address.

SIGNATURE:

SIGNATURE MY TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Date

Daytime Phone #