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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P95000091474 (3)

MONTROSE INTERNATIONAL CARS & TRUCKS INC.

Principal Place of Business Mailing Address LONGWOOD FL LONGWOOD FL 32750 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/24/1995</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 59-3351525 26 Not Applicable Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CHAMBERS, LLOYD M 728 ENDEAVOUR DRIVE SOUTH Street Address (P.O. Box Number is Not Acceptable) WINTER SPRINGS FL 32708 City 85 Zip Code 11. Pursuant to the provisions of Soctions 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 registerial agent and little if applicable Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE ☐ Change ☐ Addition 1.1 TITLE CHAMBERS, LLOYD M NAME 1.2 NAME 728 ENDEAVOUR DRIVE SOUTH STREET ADDRESS 1.3 STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE Change Arkdition NAME CHAMBERS, JOAN T 2.2 NAME STREET ADDRESS 728 ENDEAVOUR DRIVE SOUTH 2.3 STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-7IP 2. 4 City-St-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY - ST - ZIP DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Change ☐ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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 if 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 trusted 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.

6.4 CITY-ST-ZIP

034 (10/97)

FILED

May 12 1998 8:00am

Secretary of State