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.)

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000097565 (2)

1. Corporation Name

J & J GOLF CAR COMPANY, INC.

Principal Place of Business	Mailing Address
6617 WEST BOYNTON BEACH BLVD. SUITE 121 BOYNTON BEACH FL 33437	6617 WEST BOYNTON BEACH BLVD. SUITE 121 BOYNTON BEACH FL 33437

2. Principal Place of Business	2a. Mailing Address
21 3020 SW 14th Place	26 3020 SW 14th Place
Suite, Apt #, etc 22 #2	Suite, Apt. #, etc. 27 #2
City & State 23 Boynton Bch, FL	City & State 28 Boynton Bch, FL
Zip 24 33426 / Country 25 Palm Bch	Zip 29 33426 / Country 30 Palm Bch

3. Date Incorporated or Qualified: 12/21/1995
3a. Date of Last Report:
4. FEI Number: 65-0632232 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

JOHNSON, JOHN R
10209 N.W. 83RD STREET
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 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 ____________ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☑ DELETE	1.1 TITLE	PRESIDENT ☑ Change ☐ Addition
NAME	OVERCASH, SYLVIA		1.2 NAME	John R. Johnson
STREET ADDRESS	2111 N. 51ST AVENUE		1.3 STREET ADDRESS	10209 NW. 83RD STREET
CITY-ST-ZIP	HOLLYWOOD FL 33021		1.4 CITY-ST-ZIP	TAMARAC FL 33321
TITLE	VPS	☐ DELETE	2.1 TITLE	~~VPS~~ ☐ Change ☑ Addition
NAME	JOHNSON, JOHN R		2.2 NAME	
STREET ADDRESS	10209 N.W. 83RD STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMARAC FL 33321		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	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 6-20-96 561-375-9044
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0098396 CP