

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

98 APR 15 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT

CORPORATION

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000003659 (5)

1. Corporation Name

MILLER HISTORIC MOTORCARS, INC.

Principal Place of Business

5868 JAMESON DR
NAPLES FL 33999

Mailing Address

5868 JAMESON DR
NAPLES FL 33999

2. Principal Place of Business

21 271 Commercial Blvd.

Suite, Apt. #, etc.

22 City & State

23 NAPLES, FL

Zip

24 34104

Country

25 USA

2a. Mailing Address

26 PO Box 1420

Suite, Apt. #, etc.

27 City & State

28 HIGHLANDS, NC

Zip

29 28741

Country

30 USA

9. Name and Address of Current Registered Agent

MILLER, I. DALE
5868 JAMESON DR
NAPLES FL 33999

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

NAPLES

FL

85 Zip Code

34104

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

[Signature]

(If the Registered Agent signature is required without filing)

DATE

APRIL 9, '98

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

PO BOX 1420

HIGHLANDS, NC 28741

☐ Change ☐ Addition

700002494607-- 4

-04/21/98 -01021--006

****900.00 ****900.00

☐ Change ☐ Addition

REINSTATEMENT 77 98

☐ Change ☐ Addition

4.15/98

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing 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 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 attachment with an address.

SIGNATURE:

[Signature] I. Dale Miller April 9, 98 828 526 8888

CR2E034 (4/97)