

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 17 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000014736 (8)**  
 1. Corporation Name  
**T.C. MOTORS, INC.**



Principal Place of Business <b>COPANS COMMERCE PARK 1952 NW 55TH AVE MARGATE FL 33063</b>	Mailing Address <b>COPANS COMMERCE PARK 1952 NW 55TH AVE MARGATE FL 33063</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> Principal Place of Business	<b>2a.</b> Mailing Address
<b>22</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.
<b>23</b> City & State	<b>27</b> City & State
<b>24</b> Zip	<b>28</b> Zip
<b>25</b> Country	<b>29</b> Country
<b>30</b>	

**3.** Date Incorporated or Qualified  
**02/13/1996**

**4.** FEI Number  
**65-0641396**

**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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

**9. Name and Address of Current Registered Agent**

**TAVILLA, PAUL J  
 COPANS COMMERCE PARK  
 1952 NW 55TH AVE  
 MARGATE FL 33063**

**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: *Paul J. Tavilla* **2/12/98** DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>P</b>	<input type="checkbox"/>
NAME	<b>TAVILLA, PAUL J.</b>	
STREET ADDRESS	<b>1151 SW 156TH AVENUE</b>	
CITY - ST - ZIP	<b>PEMBROKE PINES FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/>
NAME	<b>CARLESVEDO, JOSEPH A.</b>	
STREET ADDRESS	<b>11070 NW 28TH STREET</b>	
CITY - ST - ZIP	<b>CORAL SPRINGS FL</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>Calareso, Joseph A.</b>		
2.3 STREET ADDRESS	<b>11070 NW 28th St</b>		
2.4 CITY - ST - ZIP	<b>Coral Springs, FL</b>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

**14.** I 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: *Paul J. Tavilla* **2/12/98** **954-999-8400**

CR2E034 (10/97)