

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

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May 09 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000024018 (9)** 12/30  
 1. Corporation Name  
~~WEST LAKE CARTS, INC.~~ **FLORIDA GAS & ELECTRIC VEHICLES, INC.**

Principal Place of Business <b>1529 SW 3RD STREET POMPANO BEACH FL 33060</b>	Mailing Address <b>1529 SW 3RD STREET POMPANO BEACH FL 33060</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/13/1996</b>		3a. Date of Last Report	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25 Suite, Apt. #, etc.	26 City & State	27 Zip	28 Country
2. Principal Place of Business				2a. Mailing Address			
21 Suite, Apt. #, etc.				22 City & State			
23 Zip				24 Country			
25 Suite, Apt. #, etc.				26 City & State			
27 Zip				28 Country			
29 Suite, Apt. #, etc.				30 City & State			
31 Zip				32 Country			

4. FEI Number <b>65-0654369</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>ENGELHARDT, GEORGE 1529 SW 3RD STREET POMPANO BEACH FL 33060</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number Is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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: *George Engelhardt* (NOTE: Registered Agent signature required when reinstating.) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	DESTAFINIO, DOMINIC	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
1529 SW 3RD STREET	POMPANO BEACH FL 33060	2.1 TITLE	2.2 NAME
1529 SW 3RD STREET	POMPANO BEACH FL 33060	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
1529 SW 3RD STREET	POMPANO BEACH FL 33060	3.1 TITLE	3.2 NAME
1529 SW 3RD STREET	POMPANO BEACH FL 33060	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
1529 SW 3RD STREET	POMPANO BEACH FL 33060	4.1 TITLE	4.2 NAME
1529 SW 3RD STREET	POMPANO BEACH FL 33060	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
1529 SW 3RD STREET	POMPANO BEACH FL 33060	5.1 TITLE	5.2 NAME
1529 SW 3RD STREET	POMPANO BEACH FL 33060	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
1529 SW 3RD STREET	POMPANO BEACH FL 33060	6.1 TITLE	6.2 NAME
1529 SW 3RD STREET	POMPANO BEACH FL 33060	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

**DESTEFANO, DOMINIC**

**500002186265**  
**-05/21/97--01032--003**  
**\*\*\*165.00**

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: *George Engelhardt* **REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/12/97*  
 Date

Daytime Phone #

CR2E034 (9/96)