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FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

	MENT # P960000 ATER DRIVE MOTOR COMPA					
Principal Plac	ce of Business	Mailing Address			i (maicani iim ibiid biitii matti dalit butii dali) DIBIO BIJOI IIBU BIZA; BIJI 161
4825 EDGEWATER DR. 4825 EDGEWATER DR.						
ORLANDO FL 3	32804	ORLANDO FL 32804				
					<u></u>	S SPACE
			Additing Address 23 EDGEWATER DR. RIANDO FL 32804 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/24/1996 a. Mailing Address 4. FEI Number 59-3382391 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additing Fee Requirer			
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3382391	Not Applicab
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			E Contiferto of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & Stat	(e- 	City & State			6, Election Campaign Financing	- \$5.00 May Be -
23	28				Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year I	ntangible
24	25	29	30		Personal Property Tax.	Yes □No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	l Agent
2 1114	OTT DICHADD E ID			81 Name		
ELLIOTT, RICHARD E JR.				82 Street Add	ress (P.O. Box Number is Not Acceptable)	
4825 EDGEWATER DR.					(ioi oox ramos io riot rioopasis)	
UHL	ANDO FL 32804			83		
				24 00	-	
				84 City	F	85 Zip Code
office or r	egistered agent, or both, in the State of	' Florida. Such change was au	thorized	by the corporation	poration submits this statement for the purpose con's board of directors. I hereby accept the appe	of changing its registered bintment as registered
SIGNATURE		0, 000				
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: I	Registered	Agent signature require	od when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	☐ DELETE	१.१ स	LE		☐ Change ☐ Addit
NAME	ELLIOTT, RICHARD E JR.		1.2 NA	ME		
STREET ADDRESS	1905 BONANZA CT.		1.3 ST	REET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL 32792		1.4 CIT	Y-ST-ZIP		
TITLE	D ;	DELETE	2.1 TT	LE .		☐ Change ☐ Addit
NAME	MYLES, DAVID I	•	2.2 NA	ме		
STREET ADDRESS	4104 WINBROOK LANE		2.3 ST	REET ADORESS		
CITY-ST-ZIP	ORLANDO FL		2, 4 Cf	TY-ST-ZIP		
TITLE	عب الما ديارها وحاص المادي	DELETE	,3,1,TIT	LE		_ Change
NAME			3.2 NA			
STREET ADDRESS			3.3 STI	REET ADDRESS		
CITY-ST-ZIP				1	•	
TTLE		DELETE				☐ Change ☐ Additi
NAME						_ , ,
STREET ADDRESS			1			
CITY-ST-ZIP	_		1			
TITLE		☐ DELETE	_			☐ Change ☐ Addition
NAME						
STREET ADDRESS						
· · · · · · · · · · · · · · · · · · ·				j		
CITY-ST-ZIP TITLE			6.1 TITE			Change Addition
NAME		per	6.2 NAI			` □ oriende □ voorin

14. I hereby 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 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

GMATURE AND CIBER OF PRINCES OF SIGNING OFFICER OR DIRECTOR

3/3/199 (407

(407) 522 - 4242 Daytime Phone #