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FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000068640 (7)

1. Corporation Name

CUSTOM MOTOR CLUB, INC.



Principal Place of Business

Mailing Address

2918 NORTH STATE ROAD 7
MARGATE FL 33063

2918 NORTH STATE ROAD 7
MARGATE FL 33063-5730

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

08/16/1996

4. FEI Number

Applied For

65-0687698

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

10. Name and Address of New Registered Agent

SAMET, JUDY N
2918 NORTH STATE ROAD 7
MARGATE FL 33063

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 607.1506, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
SAMET, ROBERT
2918 NORTH STATE ROAD 7
MARGATE FL 33063

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
NOVAK, MARC E
2918 NORTH STATE ROAD 7
MARGATE FL 33063

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
NOVAK, SANFORD
2918 NORTH STATE ROAD 7
MARGATE FL 33063

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
SAMET, JUDY N
2918 NORTH STATE ROAD 7
MARGATE FL 33063

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NOVAK, KATHLEEN A
2918 NORTH STATE ROAD 7
MARGATE FL 33063

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
NOVAK, PHYLLIS R
2918 NORTH STATE ROAD 7
MARGATE FL 33063

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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]

Judy N Samet

3/14/97

904-874-1415

CR2E034 (9/96)