

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

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May 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000081842 (2)

1. Corporation Name

BOBBY MOORE'S CHAMPION MOTORS, INC.



Principal Place of Business 2875 NE 191ST STREET SUITE 400 AVENTURA FL 33180	Mailing Address 2875 NE 191ST STREET SUITE 400 AVENTURA FL 33180
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 19501 Biscayne Blvd, Suite 400 Suite, Apt. #, etc. 22 Suite 400 City & State 23 Aventura, FL Zip 24 33180		2a. Mailing Address 26 19501 Biscayne Blvd, Suite 400 Suite, Apt. #, etc. 27 Suite 400 City & State 28 Aventura, FL Zip 29 33180		3. Date Incorporated or Qualified 09/30/1996	
		4. FEI Number 65-0698483		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

ROMINE, MARIO
2875 NE 191ST STREET
SUITE 400
AVENTURA FL 33180

10. Name and Address of New Registered Agent

81 Name	MARIO ROMINE
82 Street Address (P.O. Box Number is Not Acceptable)	19501 BISCAYNE BLVD
83	SUITE 400
84 City	AVENTURA
85 Zip Code	FL 33180

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 *Mario A. Romine* MARIO A. ROMINE 4-24-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	MOORE, BOBBY	1.2 NAME	Moore, Bobby
STREET ADDRESS	2875 NE 191TH ST	1.3 STREET ADDRESS	19501 Biscayne Blvd, Suite 400
CITY-ST-ZIP	AVENTURA FL 33180	1.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE	VP	2.1 TITLE	VP
NAME	MOORE, JOANNE	2.2 NAME	Moore, Joanne
STREET ADDRESS	2875 NE 191TH ST	2.3 STREET ADDRESS	19501 Biscayne Blvd, Suite 400
CITY-ST-ZIP	AVENTURA FL 33180	2.4 CITY-ST-ZIP	Aventura, FL 33180
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Mario A. Romine* MARIO A. ROMINE 4-27-98 305 937-4828

CR2E034 (10/97)