

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

FILED
May 08 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 # P97000001212 (4)
1. Corporation Name
50/50 MOTORS OF OCALA, INC.

Principal Place of Business 5050 S PINE AVE OCALA FL 34480	Mailing Address 5050 S PINE AVE OCALA FL 34480
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/02/1997	
21		26		4. FEI Number 59-3426553	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25		30			

9. Name and Address of Current Registered Agent

BENJAMIN, MARY L
6530 SE 135 STREET
SUMMERFIELD FL 34491

10. Name and Address of New Registered Agent

81	Name	Calvin George Benjamin
82	Street Address (P.O. Box Number is Not Acceptable)	6530 SE 135 St
83	City	Summerfield
84	City	FL
85	Zip Code	34491

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: *[Signature]* DATE: 4-14-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	MARY L. BENJAMIN	1.1 TITLE	P/S/T
NAME	6530 SE 135 St	1.2 NAME	CALVIN GEORGE Benjamin
STREET ADDRESS	Summerfield, FL 34491	1.3 STREET ADDRESS	6530 SE 135th St
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Summerfield FL 34491
TITLE	S/V	2.1 TITLE	D
NAME	LORI GARRATT SULLOWAY	2.2 NAME	LORI GARRATT SULLOWAY
STREET ADDRESS	3283 SW 167 AVE	2.3 STREET ADDRESS	3283 SW 167 AVE
CITY-ST-ZIP	Ocala, FL 34481	2.4 CITY-ST-ZIP	Ocala FL 34481
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: *[Signature]*

CR2E034 (10/97)