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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700004328 (5)

HARBOUR ISLAND CLASSIC MOTORCARS, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

8852 SOUTHEAST ROBWYN COURT HOBE SOUND FL 33455 8184 SOUTHEAST WINDJAMMER WAY HOBE SOUND FL 33455

FILED Apr 08 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

56/546-6596

3. Date Incorporated or Qualified

| City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State Country Zip | | | | | | <u> </u> | | |
|--|---------------------------|---|---|---------------------|---|---|--|--|
| Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. | 2. Principal P | Place of Business | <u> </u> | | 4. FEI Number | | | |
| City & State City & State City & State City & State Country Zip Country AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 B2 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 B2 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 B2 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 B2 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 B2 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 B3 B4 City FL B5 City FL B5 Zip Code City FL B5 Zip Co | | | . | 4-1- | | 65 072000 | | |
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| Zip Country Zip Country | | | | | 6 Flection Campaign Financing \$5.00 May Re | | | |
| 9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 82 | 28 | | | | Trust Fund Contribution Added to Fees | | | |
| 9. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERNA AVENUE CORAL GABLES FL 33134 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 City FL 85 Zip Code 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 register 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, high and accept the obtigations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, lyred or principalization and item of sequential for the purpose of changing its registered agent and their if sequential for the purpose of changing its registered agent and their if sequential for the purpose of changing its registered agent in the Statutes. SIGNATURE 12. OF FICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 11. TITLE PD DELETE 11. TITLE PD DELETE 11. TITLE VD DELETE 21. TITLE VD DELETE 21. TITLE VD DELETE 21. TITLE VD DELETE 21. TITLE VD Change Additional Change Ad | Zip | Country | Zip | Country | | 8. This corporation owes or has paid the co | urrent year Intangible | |
| AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 Street Address (P.O. Box Number is Not Acceptable) | 24 | | | 30 | | | | |
| ANNERILAWTER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 607.1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing his register of fice or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent and manufact with, and accept the obligations of, Section 607.0505. Priorida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD D DELETE 11TILE DC Change Addit NAME WOOD, RICHARD A 12 NAME SANNER, GARY T 13. SINEET ADDRESS CITY-SI-ZIP HOBE SOUND FL 33455 14. DIFF. SI-ZIP TITLE VD DELETE 21TILE Change Addit SANNER, GARY T 22 NAME SANNER, GARY T 22 SIRECT ADDRESS 8852 SOUTHEAST ROBWYN COURT 22 SIRECT ADDRESS (CITY-SI-ZIP HOBE SOUND FL 33455 24 CITY-SI-ZIP HOBE SOUND FL 33455 32 SIRECT ADDRESS (CITY-SI-ZIP HOBE SOUND FL 33455 32 SIRECT ADDRESS 8852 SOUTHEAST ROBWYN COURT 32 SIRECT ADDRESS (CITY-SI-ZIP HOBE SOUND FL 33455 32 SIRECT ADDRESS (CITY-SI-ZIP HOBE SOUND FL 33455 33 SIRECT ADDRESS (CITY-SI-ZIP HOBE SOUND FL 33455 33 SIRECT ADDRESS (CITY-SI-ZIP HOBE SOUND FL 33455 34 SIRECT ADDRESS (| | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Registered | d Agent | |
| CORAL GABLES FL 33134 83 | 343 ALMERIA AVENUE | | | | Name | | | |
| CORAL GABLES FL 33134 83 84 City FL 85 Zip Code 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 register of agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, tyred or protect name of registered agent and life if acquitation (NOTE Registered Agent agenture required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE PD DELETE 1.1 TITLE PD DELETE 1.1 SIREET ADDRESS STREET ADDRESS STREET ADDRESS CITY-ST-ZPP HOBE SOUND FL 33455 1.4 CITY-ST-ZPP HOBE SOUND FL 33455 1.4 CITY-ST-ZPP HOBE SOUND FL 33455 1.5 STREET ADDRESS CITY-ST-ZPP HOBE SOUND FL 33455 1.6 Change Addit MARK WOOD, KAREN M STREET ADDRESS CITY-ST-ZPP HOBE SOUND FL 33455 1.7 Change Addit MARK WOOD, KAREN M STREET ADDRESS CITY-ST-ZPP HOBE SOUND FL 33455 1.7 Change Addit MARK WOOD, KAREN M STREET ADDRESS CITY-ST-ZPP HOBE SOUND FL 33455 1.7 Change Addit MARK WOOD, KAREN M STREET ADDRESS CITY-ST-ZPP HOBE SOUND FL 33455 1.7 Change Addit MCTY-ST-ZPP HOBE SOUND FL 33455 3.7 Change Addit MCTY-ST-ZPP HOBE SOUND FL 33455 3.7 Change Addit MCTY-ST-ZPP HOBE SOUND FL 33455 3.7 Change Addit MCTY-ST-ZPP HOBE SOUND FL 33455 | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
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| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its register office or registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature Signature Signature Signature Signature Indicate Signature Indicate Indicate | | | | | | | | |
| 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 register 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, and accept the obligations of Section 607.0505. Florida Statutes. SIGNATURE SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE NAME WOOD, RICHARD A STREET ADDRESS SISSUTHEAST ROBWYN COURT I1. STREET ADDRESS CITY-SI-ZIP HOBE SOUND FL 33455 TITLE VD DELETE 1.4 CITY-SI-ZIP HOBE SOUND FL 33455 1.4 CITY-SI-ZIP HOBE SOUND FL 33455 1.5 CITY-SI-ZIP HOBE SOUND FL 33455 1.6 Change Addit STREET ADDRESS HOBE SOUND FL 33455 1.6 Change Addit STREET ADDRESS STREET AD | | | | | City | | 85 Zip Code | |
| 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 | 44 Diversal | to the provinces of Continue COZ OCO2 | and 007 4500 Finish Coat | 1 1 | | | - | |
| Signeture. typed or profined name of Impatered against and lift if applicable (NOTE Registered Agent aignature required when reinstating) DATE | office or r | registered agent, or both, in the State o | of Florida Such change was | s authorized by | the corporati | on's board of directors. I hereby accept the ap | on changing its registered opointment as registered | |
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD | SIGNATURE | Signature, typed or printed name of registered agents | and little if applicable (NC | OTE: Registered Age | ent signature require | d when reinstating) DATE | | |
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| 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 | 14. I hereby of indicated | certify that the information supplied wit ton this annual report or supplemental | h this filing does not qualify annual report is true and a | for the exemp | tion stated in later at my signatur | Section 119.07(3)(i), Florida Statutes. I further of shall have the same legal effect as if made to | certify that the information under oath; that I am an | |