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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000015304 (3)

FLORIDA MOTOR CARS, INC.

Mailing Address

FILED
May 12 1998 8:00am
Secretary of State



Principal Place	e of Business	Mailing Address		. 19611001 110 12111 (8311 83111 83111 83111 83111	91 01100 (1111 0011 010 (001
8000 SOUTH DIXIE HIGHWAY 8000 SOUTH DIXIE HIGH			3HWAY		
WEST PALM BEACH FL 33405		WEST PALM BEACH FL 33405		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	3 AOL
				02/18/1997	
2. Principal Pi	ace of Business	2a. Mailing Address		A FEI Number	Applied For
21 3728	Feorgradue Suite (C	26 3728 Geo	rgia Ave	65-0728354	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apl. #, etc.	, () 		\$8.75 Additional
22 C		27 1 C		5. Certificate of Status Desired	Fee Required
City & State	81 .2 1 64	City & State	n 1 -	6. Election Campaign Financing	\$5.00 May Be
23 W. 62	alm Beach, PC	28 W. 150/m	Besch Fi	Trust Fund Contribution	Added to Fees
Zip マクク	Country	71p 221 00 m	Country	a. This corporation owes or has paid the cu	
24 204	25 00	29 33405	30 005		Yes No
g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
AMERILAWYER CHARTERED 81 Name					
343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable)					· · · · · · · · · · · · · · · · · · ·
CORAL GABLES FL 33134					
			83		
			84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607 05:02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered					
office or re	ealstered agont, or both, in the State of	f Florida. Such ch ance w as	s authorized by the corpora	poration submits this statement for the purpose of ition's board of directors. I hereby accept the app	
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature, typed or ported name of rejective, agent and title of applicable. (NOTE Registered Agent signature required when reinstating) DATE					
12.	Signature, typed or pointed name of registered apent OLFICERS AND		13.	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	OIDECTOPS IN 12
TITLE	PTD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO CHACEHO AND	Change Addition
NAME	LIPMAN, HARVEY W		12 NAME		
STREET ADDRESS	8000 SOUTH DIXIE HIGHWAY		13 STREET ADDRESS		•
CITY-ST-ZIP	WEST PALM BEACH FL 33405		14 CITY-ST-ZIP		
TITLE	S D	DELETE	2 1 TITLE	——————————————————————————————————————	Change Addition
NAME	MELCER, MAUREEN D		2.2 NAME		·
STREET ADDRESS	8000 SOUTH DIXIE HIGHWAY		2.3 STREET ADDRESS		
CITY-SY-ZIP	WEST PALM BEACH FL 33405		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4,1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	adily that the information available will	this fling does not availe	6.4 CITY - ST - ZIP	Cooling 110 07/2/(i) Florida Protido I fuelhas an	artifu that the information
14. Thereby 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 eath; that I am an					
officer or director of the corporation of 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.					
					j.