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

PROFIT CORPORATION **ANNUAL REPORT**

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P97000068075 (5)

NATIONAL MOTORCARS, INC.

FILED May 13 1998 8:00am Secretary of State

DO NOT WRITE IN T	THIS SPACE

Principal Place	O Business	Mailing Address				
	3804 N COCOA BLVD 3804 N COCOA BLVD					
COCOA FL 32926 COCOA FL 32926			DO NOT WRITE IN THIS SPACE	DO NOT WRITE IN THIS SPACE		
}				3. Date Incorporated or Qualified		
				08/05/1997		
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26 P.O. Box	<u>320388</u>	3 59-3467852	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		\$8.7	5 Additional	
22		27		5. Certificate of Status Desired Fee Required		
City & State		City & State		6. Election Campaign Financing \$5.00 May Be		
23		28 COCOA BEACH, FL				
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year	r Intangible	
24	25	20 32932 3	10 U.S.F	Personal Property Tax due June 30.	□ No	
	9. Name and Address of Current	Registered Agent	1	10. Name and Address of New Registered Agent		
CLINE, MARY 81 Name CLILLE MARY						
	SYKES CREEK		82 Street	Address (P.Q. Box Number of Not Appentable)		
	MERRITT ISLAND FL 32952			Address P.O. Box Number of Not Acceptable A BLY	ו מנ	
1	THAT I NOWAND I'L SESSE		83			
			84 City	$\mathcal{C}_{\mathcal{O}}$	399376	
44 Dureuset te	o the provisions of Sections 607 0600	and 607 1508 Florida Statute	tho shows named	corporation submits this statement for the purpose of changing	og its registered	
office or re	egistered agent, or both, in the State (of Florida. Such change was au	thorized by the corp	poration's board of directors. I hereby accept the appointmen	t as registered	
agent. I an	m familiar with, and accept the obliga	tions of, Section 607.0505, Flor		11 - 1 001		
SIGNATURE	Signature, typed or prefer disable of registered agen	Mus. MAKY	CLINE	required when reinstaring) 4.24.98		
12.	Signature, typed or profest name of registered age: OFFICERS AND		Registered Agent signature 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TODE IN 12	
TITLE	D OFFICERS AND	DELETE	1.1 TITLE	D/P Char		
NAME	CLINE, MARY		1.2 NAME	CLINE MARY	ا ۱۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰	
	277 SYKES CREEK			CLINE, MARY 3804 N. COCOA BLUD COCOA, FL 32926		
STREET ADDRESS			1.3 STREET ADDRESS	3804 N. COLON GOVO		
CITY-ST-ZIP TITLE	MERRITT ISLAND FL 32952	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE	COCON, PL S 2726	ge	
1		beerie			ge	
NAME			2.2 NAME		Í	
STREET ADDRESS			2 3 STREET ADDRESS			
CITY-ST-ZIP		- Decrete	2. 4 CITY-ST-ZIP		- El Adalis-	
TITLE		☐ DELETE	3.1 TITLE	L Char	ige ∐ Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY - ST - ZIP			
TITLE		☐ DELETE	4.1 TITLE	☐ Chan	ge 🔲 Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-SI-ZIP			4.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE	☐ Chan	ge Addition	
NAME			5.2 NAMÉ		ŀ	
STREET ADDRESS			5.3 STREET ADDRESS		1	
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		DELETE	6.1 TITLE	☐ Chan	ge Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
					1	
CITY-ST-ZIP			64 CITY-ST-ZIP	dis Costing 450 07/9/// Finish Clot to 16 dhes costitution	the infermation	

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 informatio 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 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 apprecia