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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 21 1998 8:00am Secretary of State

	1998	DIVISION OF CO	PRPORATIONS		
	MENT # P9700(Y MOTORS, INC.	0074867 (7)		E MARANDON IND HANN ANDAN SONIN ARINN DAVIN BRINN D	OON BALBA IRAA BAKA HARA ATA
Principal Place of Business Mailing Address					
		Mailing Address 308 SOUTH SPRING GARDEN AVENUE			
308 SOUTH SPRING GARDEN AVENUE 308 SOUTH SPRING GA DELAND FL 32720 DELAND FL 32720			IN AVENDE		
				DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified 08/28/1997	ł
2. Principal Pl	ace of Business	2a. Mailing Address		4, FEI Number	Applied For
21		26		59-34-72 328	Not Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		City & State			Fee Required
City & State	U	28		Election Campaigh Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	This corporation owes or has paid the	
24	25	- ├-¬ `	0	Personal Property Tax due June 30.	Yes M No
	g. Name and Address of Curren			10. Name and Address of New Registers	ed Agent
O'R	EILLY, MICHAEL P		B1 Name	PREILLY Michael P.	
ARAA MARKII ARABKA AARARKI MICHINE				ress (P.O. Box Number is Not Acceptable)	
DEL	AND FL 32720		308	C. SPRING BARDEN AU.	
83				•	
}			84 City 1	a(, ,) =	85 Zip Code
44 (0	10 th and 10 th	00 and CO7 1500 Florida Ctat dae	100	eland F	
office or re	egistered agent, or both, in the State	of Florida. Such change was au	thorized by the corpora	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	appointment as registered
1	m tamiliar with, and accept the obligi	ations of, Section 607.0505, Flori	da Statutes.		
SIGNATURE	Styriature typed or profiled name of registered age	on and title if applicable (NOTE)	Registered Agent signature requi	ired when re-instating) DATE	[
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	O'REILLY, MICHAEL P		1.2 NAME		Į;
STREET ADDRESS	723 EAST GROVE PLACE		1.3 STREET ADDRESS		ļ
CITY-ST-ZIP TITLE	DELANO FL 32724	☐ DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME	O'REILLY, KAREN A	L Diffett	2.1 TILLE 2.2 NAME		Figure Fil voorgou
STREET ADDRESS	723 EAST GROVE PLACE		2.3 STREET ADDRESS		1
CITY-ST-ZIP	DELAND FL 32724		2 4 CITY-ST-ZIP		ļ
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		1
STREET ADDRESS			3 3 STREET ADDRESS		1
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		T beine	4.4 CITY-ST-ZIP		Change Classes
TATLE		DELETÉ	5.1 TITLE	•	Change Addition
NAME expect adoption			5.2 NAME		ļ
STREET ADDRESS CITY-ST-ZIP			5.3 STREET ADDRESS		j
TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE		☐ Change ☐ Addition
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 empropered to recute 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

3/19/98

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