

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90011 015 ***150.00

DOCUMENT # P98000011719

1. Corporation Name

NEW CENTURY MOTORS, INC.



Principal Place of Business

420 SW WACAHOOTA ROAD
MICANOPY FL 32667

150 No. Lawrence Blvd
Keystone Hts, Florida
32657

Mailing Address

420 SW WACAHOOTA ROAD
MICANOPY FL 32667

P.O. Box 1824
Keystone Hts, Florida
32657

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/05/1998

4. FEI Number

59-3491274

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

150 No. Lawrence Blvd
Suite, Apt. #, etc.

Keystone Hts, Florida
City & State

32657

Zip Country

24 25

2a. Mailing Address

P.O. Box 1824

Keystone Hts, Florida
City & State

32657

Zip Country

26 27 28 29 30

9. Name and Address of Current Registered Agent

BRADY, SARAH
307 NORTH HIGHWAY 301
HAWTHORNE FL 32640

10. Name and Address of New Registered Agent

81 Name

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, 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE

NAME MAXWELL, MICHAEL W
STREET ADDRESS 420 SW WACAHOOTA ROAD
CITY-ST-ZIP MICANOPY FL 32667

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/S ☒ Change ☐ Addition

1.2 NAME Barbara Sue Johnson

1.3 STREET ADDRESS 109 Scenic Drive

1.4 CITY-ST-ZIP Interlachen, Florida (32148)

2.1 TITLE V/T ☐ Change ☒ Addition

2.2 NAME Tayra de la Caridad Antolick

2.3 STREET ADDRESS 9022 Comanche Trail

2.4 CITY-ST-ZIP Hawthorne, Florida (32640)

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE

Tayra de la Caridad Antolick

3-31-99

352-481-3130

Date

Daytime Phone #

CR2F034 (11/98)