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Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90153 025 \*\*\*150.00

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000072193

1. Corporation Name

MISTRETТА MOTORS, INC.

Principal Place of Business

Mailing Address

3150 SUNTREE BLVD  
ROCKLEDGE FL 32955

3150 SUNTREE BLVD  
ROCKLEDGE FL 32955

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/18/1998

4. FEI Number

59-3528242

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$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

21 3152 Suntree Blvd.

Suite, Apt. #, etc.

22

City & State

23 Rockledge, FL

Zip

24 32955

Country

25 ~~United States~~

2a. Mailing Address

26 3152 Suntree Blvd.

Suite, Apt. #, etc.

27

City & State

28 Rockledge, FL

Zip

29 32955

Country

30 ~~United States~~

9. Name and Address of Current Registered Agent

MISTRETТА, MICHAEL S  
3150 SUNTREE BLVD  
ROCKLEDGE FL 32955

10. Name and Address of New Registered Agent

81 Name

Mistretta, Michael S.

82 Street Address (P.O. Box Number is Not Acceptable)

3152 Suntree Blvd.

83

84 City

Rockledge

FL

85 Zip Code

32955

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

(If OTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME MISTRETТА, MICHAEL S  
STREET ADDRESS 3150 SUNTREE BLVD  
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE D ☐ DELETE  
NAME MISTRETТА, COSANNE M  
STREET ADDRESS 3150 SUNTREE BLVD  
CITY-ST-ZIP ROCKLEDGE FL 32955

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 D/P ☒ Change ☐ Addition  
1.2 NAME Mistretta, Michael S.  
1.3 STREET ADDRESS 3152 Suntree Blvd.  
1.4 CITY-ST-ZIP Rockledge, FL 32955

2.1 TITLE D/S/T ☒ Change ☐ Addition  
2.2 NAME Mistretta, Cosanne M.  
2.3 STREET ADDRESS 3152 Suntree Blvd.  
2.4 CITY-ST-ZIP Rockledge, FL 32955

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 19.07(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:

Michael S. Mistretta 411-99(407) 255-1312

CD00024 (11/99)