## SECOND-MOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

GARDNER MOTORS, INC.

## Mar 14, 1999 8:00 am **Secretary of State**

03-14-1999 90001 042 \*\*\*150.00



Mailing Address Principal Place of Business % B. STERNBERG % B. STERNBERG 8333 W. MCNAB RD. #212 8333 W. MCNAB RD. #212 DO NOT WRITE IN THIS SPACE TAMARAC FL 33321 TAMARAC FL 33321 3. Date Incorporated or Qualified 11/24/1998 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 65-Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Country Zip Country 8. This corporation owes the current year Yes No 29 30 Intangible Personal Property. 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 83 85 Zip Code 84 City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. 1.1 TITLE TITLE Change DELETE GARDNER, GENE 1.2 NAME NAME 8333 W. MCNAB RD. #212 1.3 STREET ADDRESS STREET ADDRESS TAMARAC FL 33321 1.4 CITY-ST-ZIP CITY-ST-ZIP 2.1 TITLE ) Addition TITLE DELETE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP 3.1 TITLE DELETE \_\_ Change TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP 41 TITLE DELETE \_\_\_ Change TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 61 TITLE Addition TITLE DELETE \_\_\_ Change 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 of 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 conforation 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 chapted, or on an attechment with an actiess. SARDNER

CR2E034 (5/99)