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PROFIT CORPORATION **ANNUAL REPORT**

1997



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

A. 1	MENT # MOTORS,									
Principal Plac	e of Business		Maili	ng Address			יו מקודה היותם וווסס וותוו ועו עוקונותו	PRI DIDA DIDA DIDI	I BARAR BABAN I)
1812 NE JACKSONVILLE RD OCALA FL 34470 US				PO BOPX 251 OCALA FL 34478 US						
							3. Date Incorporated or Qualifie 10/31/1990	d 3a. Date 03/28	of Last F	Report
2. Principal Place of Business			2a. M	2a. Mailing Address			4. FEI Number			pplied For
Sulte, Apt. #, etc. City & State			26	26 Suite, Apt. #, etc. 27 City & State 28			59-3034656 Not Applie			ot Applicable
			⊢ ¬				5. Certificate of Status Desired \$8.75 Addit Fee Require			
			k·				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip 24	-	Country	Z 29	ip	Counti	гу	8. This corporation has liability f	or intangible to		. 199.032,
9, Name and Address of Curre							10. Name and Address of New Registered Agent			
BLAU	JER, ROBER				8	1 Name		T		
16698 NE JACKSONVILLE RD CITRA FL 32113					8	2 Street Ado	dress (P.O. Box Number is Not Accep	table)		,
					8:	3				
					I				85 Zip	Code
11 Durement	to the provisio	ne of Sactions 607	0502 and 607	1508 Florida St	fatulas the abo		rogration submits this statement for th	FL.	'	
11. Pursuant office or agent. I a SIGNATURE	am familiar with	, and accept the o	bligations of, S	Section 607.0505	tatutes, the abovas authorized b	ve-named cor by the corpora es.	rporation submits this statement for thation's board of directors. I hereby accurate when reinstatus	e purpose of o cept the appoi	'	
agent. I a	am familiar with	printed name of registere	bligations of, S	pplicable.	tatutes, the abovas authorized b	ve-named cor by the corpora es.	rporation submits this statement for thation's board of directors. I hereby account of the control of the contr	e purpose of o cept the appoi	hanging interest as	ls registered registered
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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 eath; that I am an officer or director of the consoration 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 3 if changed, or on an attachment with an address.

FILED

Apr 24 1997 8:00am

Secretary of State