

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

FILED

Mar 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S26899** (2)  
1. Corporation Name  
**ULLIAN MOTOR SALES, INC.**



Principal Place of Business <b>5257 FOUNTAINS DRIVE S. #301 LAKE WORTH FL 33467</b>	Mailing Address <b>5257 FOUNTAINS DRIVE S. #301 LAKE WORTH FL 33467-5731</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>12/31/1990</b>	3a. Date of Last Report <b>02/28/1996</b>
				4. FEI Number <b>04-1919340</b>	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LAZARUS, RALPH 5257 FOUNTAINS DRIVE SOUTH UNIT 301 LAKE WORTH FL 33467</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	DELETE		1.1 TITLE		Change	Addition
NAME	<b>LAZARUS, RALPH</b>			1.2 NAME			
STREET ADDRESS	<b>5257 FOUNTAINS DR. S. 301</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>LAKE WORTH FL</b>			1.4 CITY-ST-ZIP			
TITLE	S	DELETE		2.1 TITLE		Change	Addition
NAME	<b>LAZARUS, BARBARA U.</b>			2.2 NAME			
STREET ADDRESS	<b>5257 FOUNTAINS DR. S. 301</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>LAKE WORTH FL</b>			2.4 CITY-ST-ZIP			
TITLE	D	DELETE		3.1 TITLE		Change	Addition
NAME	<b>LAZARUS, NORMAN F.</b>			3.2 NAME			
STREET ADDRESS	<b>90 HIGH ROCK TERRACE</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>NEWTON MA</b>			3.4 CITY-ST-ZIP			
TITLE	D	DELETE		4.1 TITLE		Change	Addition
NAME	<b>LAZARUS, SAMUEL</b>			4.2 NAME			
STREET ADDRESS	<b>48 DAWG ST. 249 JORDAN RD.</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>PLYMOUTH MA</b>			4.4 CITY-ST-ZIP			
TITLE	D	DELETE		5.1 TITLE		Change	Addition
NAME	<b>LAZARUS, ROBERT U.</b>			5.2 NAME			
STREET ADDRESS	<b>59 CLAPP ST.</b>			5.3 STREET ADDRESS			
CITY-ST-ZIP	<b>STOUGHTON MA</b>			5.4 CITY-ST-ZIP			
TITLE		DELETE		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 do 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.

SIGNATURE: **RALPH LAZARUS** 3/17/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone #

CR2E034 (9/96)