

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

DOCUMENT # **S26899**

1. Corporation Name

ULLIAN MOTOR SALES, INC.

Principal Place of Business
5257 FOUNTAINS DRIVE S. #301
LAKE WORTH FL 33467

Mailing Address
5257 FOUNTAINS DRIVE S. #301
LAKE WORTH FL 33467

2. Principal Place of Business 21	2a. Mailing Address 26	
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	
City & State 23	City & State 28	
Zip 24	Zip 29	Country 30

9. Name and Address of Current Registered Agent

LAZARUS, RALPH
5257 FOUNTAINS DRIVE SOUTH
UNIT 301
LAKE WORTH FL 33467

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City FL	Zip Code 85

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

Ralph Lazarus Pres.

3-5-99

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	1.2 NAME		
CITY-ST-ZIP	LAZARUS, RALPH 5257 FOUNTAINS DRIVE S., #301 (FOUNTAINS) LAKE WORTH FL	1.3 STREET ADDRESS		
TITLE	NAME	1.4 CITY-ST-ZIP		
NAME	STREET ADDRESS			
CITY-ST-ZIP	LAZARUS, BARBARA U. 5257 FOUNTAINS DR. S., #301 (FOUNTAINS) LAKE WORTH FL			
TITLE	NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	2.2 NAME		
CITY-ST-ZIP	LAZARUS, NORMAN F. 90 HIGH ROCK TERRACE NEWTON MA	2.3 STREET ADDRESS		
TITLE	NAME	2.4 CITY-ST-ZIP		
NAME	STREET ADDRESS			
CITY-ST-ZIP	LAZARUS, SAMUEL 249 JORDAN RD. PLYMOUTH MA			
TITLE	NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	3.2 NAME		
CITY-ST-ZIP	LAZARUS, ROBERT U. 59 CLAPP ST. STOUGHTON MA	3.3 STREET ADDRESS		
TITLE	NAME	3.4 CITY-ST-ZIP		
NAME	STREET ADDRESS			
CITY-ST-ZIP				
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	4.2 NAME		
CITY-ST-ZIP	LAZARUS, ROBERT U. 59 CLAPP ST. STOUGHTON MA	4.3 STREET ADDRESS		
TITLE	NAME	4.4 CITY-ST-ZIP		
NAME	STREET ADDRESS			
CITY-ST-ZIP				
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	5.2 NAME		
CITY-ST-ZIP	LAZARUS, ROBERT U. 59 CLAPP ST. STOUGHTON MA	5.3 STREET ADDRESS		
TITLE	NAME	5.4 CITY-ST-ZIP		
NAME	STREET ADDRESS			
CITY-ST-ZIP				
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STREET ADDRESS	6.2 NAME		
CITY-ST-ZIP	LAZARUS, ROBERT U. 59 CLAPP ST. STOUGHTON MA	6.3 STREET ADDRESS		
TITLE	NAME	6.4 CITY-ST-ZIP		
NAME	STREET ADDRESS			
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: *Ralph Lazarus Pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90121 029 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/31/1990	
4. FEI Number 04-1919340	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

81	Name	
82	Street Address (P.O. Box Number is Not Acceptable)	
83		
84	City FL	Zip Code 85

CR2E034 (11/98)