FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 21 1998 8:00am **PROFIT** ELORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # S81284 (9) EAST COAST MOTOR WORKS INC. Mailing Address Principal Place of Business 3036 BRAVO CT. 3036 BRAVO CT. **ORANGE PARK FL 32065** ORANGE PARK FL 32065 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/19/1991 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For 59-3085035 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 1 Name DUROCHER, DAVID B 2668 B SUNRISE VILLAGE DR. Street Address (P.O. Box Number is Not Acceptable) **ORANGE PARK FL 32067** R3 Zip Code 64 City 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** (NOTE Registered Agent signature required when reinstating) Stonature, typod or point o name of registered agent and fit cili applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS Change Addition DELETE 1.1 TITLE TITLE NAME DUROCHER, DAVID 1.2 NAMI 2668 B SUNRISE VILLAGE DR. 1.3 STREET ADDRESS STREET ADDRESS ORANGE PARK FL CITY-ST-ZIP 1.4 CHY - \$1 - ZIP DELETE Change Addition 2.1 HHE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CHTY - ST - 7/2 CITY-ST-ZIP Change ___ Addition DILETE TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-S1-ZIP CITY-ST-ZIP Change Addition DELFTE 5.1 HILE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - S1 - ZIF CHY-ST-ZIP DELFTE Change Addition 6.1 TO LE TITLE 6.2 NAME NAME

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 suppliemental annual report is true and accurate any 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 respect to two compowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 19 if changed, or on an attricture myth an address.

STREET ADDRESS

6.3 STREET ADDRESS