FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S86184 (6)

1. Corporate Name
NOSTALGIA CARS, INC.

Principal Place of Business
717 LAYNE BLVD.
HALLANDALE FL 33009

Mailing Address
717 LAYNE BLVD.
HALLANDALE FL 33009

3. Date Incorporated or Qualified: 10/08/1991
3a. Date of Last Report: 04/15/1994

2. Former Name (if any)
21

2a. Former Address
26

Suite, Apt. #
22

Suite, Apt. #
27

City, State
23

City, State
28

24 25 29 30

4. FEI Number: 65-0298728
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. Is your corporation subject to the provisions of Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SELZ, STEVEN M.
777 SOUTH FLAGLER DRIVE
8TH FLOOR, WEST TOWER
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Section 607.0123, Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and the street address of its registered office and the name of its registered agent are as stated above.

SIGNATURE

12. Officers and Directors

D
SELZ, JUDITH L.
717 LAYNE BLVD.
HALLANDALE FL

D
SELZ, ROBERT E.
717 LAYNE BLVD.
HALLANDALE FL

13. Additional Changes to Officers and Directors

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation or the receiver or trustee empowered to execute this report as required by Florida Statutes; and that my name appears above, or on an attached amendment, or no amendment is required.

SIGNATURE: Robert Selz ROBERT SELZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/95 305-454-5568

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