

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

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S87297 (5)  
1. Corporation Name  
4400 MOTORS, INC.



Principal Place of Business  
1280 N PONCE DE LEON BLVD  
ST. AUGUSTINE FL 32084  
US

Mailing Address  
P O BOX 1894  
ST. AUGUSTINE FL 32085  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3816 N PONCE DE LEON BLVD		26 Suite, Apt. #, etc.		10/14/1991	
22 City & State		27 City & State		4. FEI Number	
23 St. Augustine, FL		28 Zip		59-3088437	
24 32095		25 St. Johns		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCHNEIDER, FRED E. 1280 N PONCE DE LEON BLVD AUGUSTINE FL 32084				81 Name Schneider, Fred E.			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				3816 N. PONCE DE LEON BLVD.			
				83 St. A			
				84 City St. Augustine FL 85 Zip Code 32095			

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) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRES
NAME	SCHNEIDER, FRED E.	1.2 NAME	Schneider, Fred E.
STREET ADDRESS	1280 N PONCE DE LEON BLVD	1.3 STREET ADDRESS	3816 N. PONCE DE LEON BLVD.
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	ST. AUGUSTINE, FL 32095
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE \_\_\_\_\_ 904-824  
4/27/98 32095

CR2E034 (10/97)