PROFIT CORPORATION ANNUAL REPORT 1999

DOCUMENT # V05155



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 29, 1999 8:00 am **Secretary of State**

03-29-1999 90089 013 ***150.00

1. Corporation Name FIVE POINT MOTORS, INC. Mailing Address Principal Place of Business 975 N HWY 17-92 975 N HWY 1792 SUITE ONE SUITE ONE DO NOT WRITE IN THIS SPACE LONGWOOD FL 32750 LONGWOOD FL 32750 3. Date incorporated or Qualifed 01/06/1992 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 59-3109724 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 23 Zip Country 8. This corporation owes the current year Intangible Country Zip □No Personal Property Tax. 29 30 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GATTUSO, NICHOLAS L. Street Address (P.O. Box Number is Not Acceptable) 82 975 N HWY 1792 SUITE ONE 83 LONGWOOD FL 32750 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition □ DELETE 1.1 TITLE TITLE GATTUSO, NICHOLAS L. 12 NAME NAME 1110 CAMBRIDGE COURT 1.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 2.1 TITLE TITLE GATTUSO, GAYLE 2.2 NAME NAME 1110 CAMBRIDGE COURT 2.3 STREET ADDRESS STREET ADDRESS LONGWOOD FL 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRES 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change □ DÉLETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIF CITY-ST-ZIP 6.1 TITLE Addition ☐ DELETE TITLE 6.2 NAME NAME

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.

6.4 CITY-ST-ZIF

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CR2E034 (11/98)