


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

FILED  
May 20 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 # **V26034** (1)  
1. Corporation Name  
**PREMIER MOTORCARS INC.**



Principal Place of Business <b>6350 SOUTH TAMiami TRAIL UNIT #8 SARASOTA FL 34231 US</b>	Mailing Address <b>6350 SOUTH TAMiami TRAIL UNIT #8 SARASOTA FL 34231 US</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/02/1992</b>	
21		26		4. FEI Number <b>65-0335080</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		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	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**CLODO, RENE  
6350 SOUTH TAMiami TRAIL  
SARASOTA FL 34231**

10. Name and Address of New Registered Agent

81	Name <b>Claudeaux Rene</b>
82	Street Address (P.O. Box Number is Not Acceptable) <b>6350 South Tamiami Trail</b>
83	<b>Sarasota FL 34231</b>
84	City
85	Zip Code <b>FL 34231</b>

11. Pursuant to the provisions of Sections 607.0507 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]* DATE **4-14-98**  
Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLODO, RENE H</b>	1.2 NAME	<b>Rene H Claudeaux</b>
STREET ADDRESS	<b>6350 SOUTH TAMiami TRAIL, #8</b>	1.3 STREET ADDRESS	<b>6350 South Tamiami Trail #8</b>
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	1.4 CITY-ST-ZIP	<b>Sarasota FL 34231</b>
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>VS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLODO, KELLY L</b>	2.2 NAME	<b>Claudeaux Kelly L</b>
STREET ADDRESS	<b>6350 SOUTH TAMiami TRAIL, #8</b>	2.3 STREET ADDRESS	<b>6350 South Tamiami Trail #8</b>
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>	2.4 CITY-ST-ZIP	<b>Sarasota FL 34231</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* **RENE CLAUDEAUX** 414-98 941-921-8323

CR2E034 (10/97)