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

PROFIT CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V2738

7389 (

(8)

**ELEAZER MOTORS, INC.** 

Address

**FILED** 

Jan 20 1998 8:00am

Secretary of State

Change

Addition

Principal Place of Business Mailing Address							01011 01011 01011		BALDIDA IBA
1700 E MERRITT ISLAND CAUSEWAY 1700 E MERRITT ISLAND CAUSEWAY									
MERRITT ISLAND FL 32952 MERRITT ISLAND FL						BO MOTHORE II	N #1 110 0040	_	
						DO NOT WRITE II	N THIS SPAC	<u> </u>	
						3. Date Incorporated or Qualified 04/09/1992			
2. Principal F	Place of Business	2a. Mailing Address				4. FEI Number		TAI	oplied For
21						T 475			ot Applicable
Suite, Apt.	#, elc.	Suito, Apt. #, etc.					\$E		Additional
22 27						5. Certificate of Status Desired	F   • • •		equired
City & Stat	te	City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Z(p	Cour	ntry		8. This corporation owes or has paid	the current y	ear Inf	tangible
24	25	29	30			Personal Property Tax due June 3			] No
	9. Name and Address of Curren	it Registered Agent		81		10. Name and Address of New Regi	stered Agent	1	
C T CORPORATION SYSTEM 1200 S PINE ISLAND					Name				
					Street Addre	ddress (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324									
				83					
				84	City		FL 85	Zip /	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508. Florida Stati	ules, the ab	ove-	named corpo	pration submits this statement for the pur		iaina it	s registered
office or r	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was	s authorized	i by i	the corporation	on's board of directors. Thereby accept	the appointm	ent as	registered
_	and decept the delige	1,0000.100 nonout	MINGE STATE	acos.					
SIGNATURE	Signature, typed or printed name of registered age	er and title if applicable (NC	DIL: Registered	Agen	t signature require	d when reinstating)	DAIL		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIRE	CTOP	RS IN 12
TITLE	PT	L] DELETE	1 1 TiT	LF				hange	Addition
NAME	ELEAZER, ED. J		1 2 NA	MF					
STREET ADDRESS	3400 IVY RD		1.3 \$15	REFTA	ODRESS				
CITY-ST-ZIP	HICKORYWITH TN		1.4 00	Y-S1-	- ZIP				
TITLE	VP	☐ DELETE	2.1 7111	LE			, XI €	nange	Addition
NAME	BREWER, GARY D.		2 2 NA1	ME					
STREET ADDRESS	19 COUNTRY CLUB DR.		2 3 STF	REE1 A	DORESS 38	10 Melford Point Ab Tritt Island, FL, 33	ί.		
CITY-ST-ZIP	COCOA BEACH FL		2.4 CIT	2. 4 CITY - \$1 - ZIP		MIT IS land, FL, 33	1952		
TITLE	8	☐ DELETE	3.1 1 1	E			C	hange	Addition
NAME	Braddock, Benjamin		3.2 NA	ME					
STREET ADDRESS	117 OAK GROVE LN		3.3 STF	KEE I A	DDRESS				
CITY-ST-ZIP	MERRITT ISLAND FL		3.4. CIT	Y-81	- 7H²				
TITLE		DELETE	4.1 TITL	.E			C	hange	☐ Addition
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 \$16	REET A	DDRESS				
CITY-ST-ZIP			4.4 CIT	Y-\$1-	ZIP				
TITLE		DELFTE	5.1 TO	.E			☐ CI	nange	Addition
NAME			5.2 NAM	ΜE	ļ				
STREET ADDRESS			53.518	EFT A	DDBESS				

14. Thereby certify that the information supplied with this filling 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 early; that I am an officer or director of the corporation or the receiver of 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 attaching with an address.

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

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