FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # V50891 (3)

1. Corporation Name

MASTER MOTORIST PROGRAM, INC.

Principal Place of Business	Mailing Address
7640 SOUTHGATE BOULEVARD SUITE #4 NORTH LAUDERDALE FL 33068	70 PINE ST. 27TH FLOOR NEW YORK NY 10270

3. Date Incorporated or Qualified: 07/15/1992
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0344811 — 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

	2. Principal Place of Business		2a. Mailing Address
21		26	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc. Attn: E. M. Tuck
23	City & State	28	City & State
24 / 25	Zip / Country	29 / 30	Zip / Country

9. Name and Address of Current Registered Agent

GOLDFARD, HOWARD
6521 WEST COMMERCIAL BLVD.
TAMARAC FL 33319

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 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 (NOTE: Registered Agent signature required when reinstating) DATE

12. Officers and Directors		Delete	13. Additions/Changes to Officers and Directors in 12		Change / Addition
TITLE	S	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TUCK, ELIZABETH		1.2 NAME		
STREET ADDRESS	70 PINE ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10270		1.4 CITY-ST-ZIP		
TITLE	PCEO	☑ DELETE	2.1 TITLE	PCEOD	☐ Change ☑ Addition
NAME	GOLDFARB, HOWARD		2.2 NAME	Anthony DeSantis	
STREET ADDRESS	6521 W. COMMERCIAL BLVD		2.3 STREET ADDRESS	505 Carr Road	
CITY-ST-ZIP	TAMARAC FL		2.4 CITY-ST-ZIP	Wilmington, DE	
TITLE	T	☑ DELETE	3.1 TITLE	VP D	☐ Change ☑ Addition
NAME	MISZNER, JEFFEREY J		3.2 NAME	William Lockhorn	
STREET ADDRESS	8 HAMPTON CT		3.3 STREET ADDRESS	1800 JFK Blvd.	
CITY-ST-ZIP	PT WASHINGTON NY		3.4 CITY-ST-ZIP	Philadelphia, PA 19103	
TITLE	D	☑ DELETE	4.1 TITLE	T	☐ Change ☐ Addition
NAME	WALLACH, WILLIAM		4.2 NAME	Donald Sulpizo	
STREET ADDRESS	8 FREER STREET		4.3 STREET ADDRESS	505 Carr Road	
CITY-ST-ZIP	LYNBROOK NY		4.4 CITY-ST-ZIP	Wilmington, DE	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HANSEN, JACOB		5.2 NAME		
STREET ADDRESS	505 CARR RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE		5.4 CITY-ST-ZIP		
TITLE	VPD	☑ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME	DE SANTIS, ANTHONY		6.2 NAME	Esta Carn	
STREET ADDRESS	505 CARR RD.		6.3 STREET ADDRESS	505 Carr Road	
CITY-ST-ZIP	WILMINGTON DE		6.4 CITY-ST-ZIP	Wilmington, DE	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Elizabeth M. Tuck — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4-25-96 Date — Daytime Phone #

CR2E034 (12/95)