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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V59622** (3)

1. Corporation Name
MOBILITY VAN CONVERSIONS CORP.

Principal Place of Business

**6250 EDGEWATER DR
STE 2400
ORLANDO FL 32810
US**

Mailing Address

**6250 EDGEWATER DR
STE 2400
ORLANDO FL 32810-4744
US**

3. Date Incorporated or Qualified
08/24/1992

3a. Date of Last Report
04/23/1996

2. Principal Place of Business

2a. Mailing Address

21 **3012 CALUMET DR**

4. FEI Number

59-3139148

Applied For

Not Applicable

22 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

23 City & State

27 City & State

ORLANDO, FL

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

24 Zip

Country

28 Zip

Country

32810

ORANGE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOUNT, DAVID L.
6250 EDGEWATER DRIVE #2400
ORLANDO FL 32810**

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

TITLE **OP** ☐ DELETE
NAME **MOUNT, DAVID L**
STREET ADDRESS **3012 CALUMET DRIVE**
CITY - ST - ZIP **ORLANDO FL 32810**

TITLE **S** ☐ DELETE
NAME **BROWN, RAMONA**
STREET ADDRESS **3012 CALUMET DR**
CITY - ST - ZIP **ORLANDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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:

4-23-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0090421

CR2E034 (9/96)