
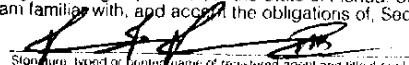


FILE NOW: FILING FEE AFTER MAY 1ST IS \$55.00

FILED

Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT (STATE) Sandra B. Morth Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V62831 (5)			
1. Corporation Name EAST COAST AUTO CORP.			
Principal Place of Business 266 PARK AVE. LONGWOOD FL 32750 US		Mailing Address 266 PARK AVE. LONGWOOD FL 32750 US	
Address change			
2. Principal Place of Business 21 East Coast Auto Corp. Suite, Apt. #, etc. 22 349 E. St. Rd. 434 City & State 23 Longwood FL Zip 24 32750		2a. Mailing Address 26 349 E. St. Rd. 434 Suite, Apt. #, etc. 27 City & State 28 Longwood FL Zip 29 32750 Country 30 U.S.	
9. Name and Address of Current Registered Agent PEDIGREE, RICHARD B., III 226 PARK AVENUE LONGWOOD FL 32750 Address change 349 E. St. Rd. 434 Longwood FL 32750			
10. Name and Address of New Registered Agent			
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		DATE 3/29/98 Agent signature required when reinstating	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/04/1992	
4. FEI Number 59-3140899	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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:  President **3/29/98** **Longwood FL 32750**

CR2E034 (10/97)