

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # V16135**

1. Corporation Name  
**LEHIGH QUALITY MOTORS, INC.**

Principal Place of Business: **601 ABRAMS BLVD LEHIGH FL 33970**  
 Mailing Address: **C/O JOHN JAY WATKINS, ESQUIRE P.O. BOX 250 LABELLE FL 33975**

2. Principal Place of Business: **% Clewiston CPD**  
 Suite, Apt. #, etc.:  
**202 W - Sugarbush Way**  
 City & State: **Clewiston FL**  
 Zip: **33440** Country: **Florida**

9. Name and Address of Current Registered Agent  
**OHL, BRADLEY L.  
 801 ABRAMS BLVD.  
 LEHIGH FL 33970**

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]*  
 Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS

TITLE	PD	[ ] DELETE
NAME	OHL, BRADLEY L	
STREET ADDRESS	105 NEWBERN AVE.	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	
TITLE	VSTD	[ ] DELETE
NAME	FRIERSON, EDWARD P	
STREET ADDRESS	250 RIVERVIEW BLVD.	
CITY-ST-ZIP	LABELLE FL 33935	
TITLE	VD	[ ] DELETE
NAME	BUTTERFIELD, LARRY	
STREET ADDRESS	1013 3RD ST. N.E.	
CITY-ST-ZIP	INDEPENDENCE IA 50644	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 FL 85 Zip Code

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/21/1992**

4. FEI Number: **65-0313454** 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 owes the current year Intangible Personal Property Tax:  Yes  No

10. Name and Address of New Registered Agent



*[Handwritten mark]*

3000002766959 -- E  
 -02/08/99--01015--018  
 \*\*\*\*150.00 \*\*\*\*150.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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, with all other like empowered

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Bradley L. OHL**

1-12-99 944-983-4600

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CR2E034 (11/98)