

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

FILED
Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 188166 (3)

1. Corporation Name
~~TERRY FORD COMPANY~~ d/b/a **SAWGRASS FORD, INC.**

Principal Place of Business 1000 N.FEDERAL HWY. P.O. BOX 2286 POMPANO BEACH FL 33061	Mailing Address 1000 N.FEDERAL HWY. P.O. BOX 2286 POMPANO BEACH FL 33061
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 14501 W. SUNRISE BLVD. Suite, Apt. #, etc. 22		2a. Mailing Address 26 14501 W. SUNRISE BLVD. Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 10/01/1955	
23 SUNRISE, FLORIDA City & State		28 SUNRISE, FLORIDA City & State		4. FEI Number 59-0754995	
24 33323 Zip		29 33323 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent PORTLEY, PETER A., ESQ. 2401 E. ATLANTIC BLVD. SUITE 410 POMPANO BEACH FL 33062				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENTEN, PETER J	1.2 NAME	
STREET ADDRESS	1000 N FEDERAL HWY 14501 W. Sunrise Blvd	1.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH, FL 33062 Sunrise, Fl. 3332	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENTEN, PETER J	2.2 NAME	
STREET ADDRESS	1000 NORTH FEDERAL HWY 14501 W. Sunrise Blvd	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL Sunrise, Fl. 3332	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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 recipient 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 email attachment with an address.

SIGNATURE: _____ January 9, 1998 (954) 851-9000

CR2E034 (10/97)