FILE I	NOW: FILING FEE					٦					
	OFIT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham									
	DRATION										
	ANNUAL REPORT Secretary of State										
1996 DIVISION OF CORPORATIONS											
DOCUMENT # 398931 (6) 1. Corporation Name											
DEERF	ield Suzuki, inc										
Bringinal Place of	Rusiness	Mailing Address		/			i 108100 Hill Inter Faire Joseph II	(8) (191 9:81) 3 191		,1981 11814 11811	
Principal Place of Business Mailing Address 4141 NORTH FEDERAL HIGHWAY 4141 NORTH FEDERAL HIGHWAY											
POMPANO BEACH FL 33064 POMPANO BEACH FL 33064				4				,			
						3.	Date Incorporated or Qualified 04/10/1972	3a. Date o	of Last Repo 5/01/199	ort 15	
	(0)	2a. Mailing Address				4.	FEI Number			plied For	
2. Principal Plac	e of Business	26				59-1537048			t Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc						5.	Certificate of Status Desired	X	\$8.75 A		
22		27	1				Election Campaign Financing		\$5.00	May Be	
City & State		City & State	Oity & State			-	Trust Fund Contribution		Added t	to Fees	
23	Country	Zip	Coun	itry		8.	. This corporation has liability for	intangible tax	unders 1	99.032,	
Zip 24	25 29 30						Florida Statutes Yes	i ∏No			
24	9. Name and Address of Currer	nt Registered Agent				10	Name and Address of New	Hegistereu A	yent		
			1	81	Name						
BARSKIS Ht., PETER A.				82 Street Add			P.O. Box Number is Not Accepta	ble)			
128 S.E. 11TH COURT				83							
DEERFIELD BEACH FL 33441									85 Zip	Code	
				84	City			FL	155		
	the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	the abov	ve-r	named corpo	oration	submits this statement for the p	urpose of cha	nging its re registered :	gistered office agent, I am	
or registere familiar with	o the provisions of Sections 607 050 ad agent, or both, in the State of Flor b, and accept the obligations of, Sec	ida. Such change was authorized tion 607.0505, Florida Statutes.	d by the o	orp	oration's boa	ard of e	дікесіогу. Епегару ассерісіне ар	portune di di	og.mare.		
SIGNATURE _	Signature, Type dior proved name, Of registers (Legis	Se south a familia shir	E Registeren	Agen	r sigir Ardio se dotr	ne Lysber	rea stain gi	DATE			
	Signature, typicd or provided name or regressed adv. OFFICERS AN	ND DIRECTORS	13.				ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTOR 1 Change	RS IN 12	
12.	VS DELETE			1 : 101E				L.	_ Ghange	☐ Yaari on	
NAME				1.2 NAME							
STREET ADDRESS	AND DE SITUAT			13 STREET ADDRESS							
CITY - S1 - ZIP	DEERFIELD BCH. FL			14 CHY - ST - ZIP					Change	Addition	
TITLE	PD	☐ DELFTE	2 1 7					Ĺ.	- 0.m.igo		
NAME	DARONIO, I ETCH A III			2.2 NAME							
STREET ADORESS	128 SE 11TH CT		h		T ADDRESS						
CITY-ST-Z-P	DEERFIELD BCH, FL 0000	DELETE	2 4 C		\$1 · Z0°			······································	Change	Addition	

S THILE 3.3 STREET ADDRESS STREET ADDRESS 3 4 C-TY - \$1 - ZIP ☐ Addit-on Change CITY - ST - ZIP DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY - ST - ZIP Add tion CITY-ST-ZIP ☐ Change DELETE 5-171116 TITLE 5.2 NAME NAME 5.3 STELET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-S1-ZP ☐ Change Addition 6 1 TITLE DELETE TITLE 6.2 NAME NAMÉ € 3 STREET ADDRESS STREET ADDRESS

14. I do hereby certify that the information supplied with this fiting 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 arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 or an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2. 21

22 23

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR