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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Mar 03 1997 8:00am

Secretary of State

(305) 445-8693

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 660298

(1)

BILL USSERY MOTORS, INC.

Principal Place of Business Mailing Address 300 ALMERIA AVE. 300 ALMERIA AVE. **CORAL GABLES FL 33134** CORAL GABLES FL 33134-5812 3a. Date of Last Report 3. Date Incorporated or Qualified 03/12/1996 03/24/1980 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 59-1992164 21 26 Not Applicable Suite Apt #, etc Suite, Apt. #, etc. \$8.75 Additional Z 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Country Country This corporation has liability for intangible tax under s. 199.032, 24 30 Florida Statutes Yes No 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BROCKWAY, JOHN C 300 ALMERIA AVE. Street Address (P.O. Box Number is Not Acceptable) 82 CORAL GABLES FL 33134 83 City 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 Signal voll typied or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12. 13. DELETE Change Addition 11 TOTLE THE BROCKWAY, JOHN C 1.2 NAME NAM: 300 ALMERIA AVE. 1.3 STREET ADDRESS STREET ADDRESS CORAL GABLES FL CITY - S1 - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 21 TITLE TIME **BROCKWAY, ROBERT** NAME 2.2 NAME 300 ALMERIA AVE. 23 STREET ADDRESS STREET ADORESS **CORAL GABLES FL** 2 4 CITY-ST-ZIP CITY-\$1-7P DELETE 31 TITLE Change Addition | THEF **BROCKWAY, PATRICIA** 32 NAME NAME 300 ALMERIA AVE. STREET ADDRESS 3.3 STREET ADDRESS CORAL GABLES FL CITY-\$1-ZiP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST ZIP 4.4 CITY - S1 - ZIP DELETE Addition 5.1 TITLE THE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-7IP 5.4 City-St-7P DELETE ☐ Change Addition TITLE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 C(TY-ST-21P CITY - ST - 7(P

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 outrustee 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 adaptition with an address.

PEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert W. Brockway