

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

FILED

**Apr 08 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Moïham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004764 (5)
1. Corporation Name
PENSKE AUTO CENTERS, INC.



Principal Place of Business: **3270 W. BIG BEAVER RD #130 TROY MI 48084**
Mailing Address: **3270 W. BIG BEAVER RD #130 TROY MI 48084-2901**

3. Date Incorporated or Qualified: **10/02/1995**
3a. Date of Last Report: **06/28/1996**
4. FEI Number: **38-3253068**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. Suite, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating.) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENSKE, ROGER S	1.2 NAME	
STREET ADDRESS	13400 OUTER DRIVE WEST	1.3 STREET ADDRESS	
CITY - ST - ZIP	DETROIT MI 48239	1.4 CITY - ST - ZIP	
TITLE	CEO <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENSKE, ROGER S JR	2.2 NAME	
STREET ADDRESS	3270 W. BIG BEAVER RD #130	2.3 STREET ADDRESS	
CITY - ST - ZIP	TROY MI 48084	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, ROBERT T	3.2 NAME	
STREET ADDRESS	3270 W. BIG BEAVER RD #130	3.3 STREET ADDRESS	
CITY - ST - ZIP	TROY MI 48084	3.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINDLAY, TIMOTHY E	4.2 NAME	
STREET ADDRESS	3270 W. BIG BEAVER RD #130	4.3 STREET ADDRESS	
CITY - ST - ZIP	TROY MI 48084	4.4 CITY - ST - ZIP	
TITLE	VGCS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURNICK, ROBERT H JR	5.2 NAME	
STREET ADDRESS	3270 W. BIG BEAVER RD #130	5.3 STREET ADDRESS	
CITY - ST - ZIP	TROY MI 48084	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERS, RICHARD J	6.2 NAME	
STREET ADDRESS	13400 OUTER DRIVE WEST	6.3 STREET ADDRESS	
CITY - ST - ZIP	DETROIT MI 48239	6.4 CITY - ST - ZIP	

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 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: _____
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **ROBERT H. KURNICK, JR. SECRETARY**
Date: **1-13-97** Daytime Phone #: **(810) 614-1116**
0479921

CR2E034 (9/96)