

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**CORPORATION
ANNUAL REPORT
1995**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**APPROVED
AND
FILED****95 APR 28 AM 10:22****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****DOCUMENT # G15741 (3)**

1. Corporation Name

MIKE SMITH PONTIAC GMC, INC.

Principal Place of Business

**241 RIDGEWOOD AVE.
HOLLY HILL FL 32117**

Mailing Address

**241 RIDGEWOOD AVE.
HOLLY HILL FL 32117**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/29/1982

3a. Date of Last Report

03/25/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24**25**

2a. Mailing Address

26**84 BUSINESS PARK DRIVE**

Suite, Apt. #, etc.

27**Suite 103**

City & State

28**ARMONK N.Y.**

Zip

Country

29**10504****30****USA**

4. FEI Number

59-2349861

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**6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

9. Name and Address of Current Registered Agent

**RADEY, JOHN
SUITE #1000, MONROE-PARK TOWER
101 NORTH MONROE STREET
TALLAHASSEE FL 32301**

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

TITLE	P
NAME	GINSBURG, JEROME Z
STREET ADDRESS	888 RIVERSIDE DR.
CITY - ST - ZIP	ORMOND BEACH FL
TITLE	S
NAME	GINSBURG, MERLE
STREET ADDRESS	888 RIVERSIDE DR.
CITY - ST - ZIP	ORMOND BEACH FL
TITLE	VT
NAME	RICHARDS, PAUL J.
STREET ADDRESS	15 PINE BROOK DRIVE
CITY - ST - ZIP	WHITE PLAINS NY
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 190.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul J. Richards**4/25/95**

Date

(94)273-5808

Telephone Number