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May 01 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **G30244** (9)
1. Corporation Name
MIKE KASHTAN'S SUPERIOR AUTO SALES, INC.



Principal Place of Business: C/O MICHAEL R. KASHTAN, 8011 BAYWOOD PARK DR., SEMINOLE FL 33777

Mailing Address: C/O MICHAEL R. KASHTAN, 8011 BAYWOOD PARK DR., SEMINOLE FL 33777-4636

3. Date Incorporated or Qualified: 03/24/1983
3a. Date of Last Report: 04/22/1996

21. 6125-464 St. No.	26. 6125-464 St. NO.	4. FEI Number: 59-2315437	Applied For: Not Applicable
22.	27.	5. Certificate of Status Desired: <input type="checkbox"/>	\$8.75 Additional Fee Required
23. St. Petersburg FL	28. St. Petersburg, FL	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. 33209	25. Pine Mas	29. 33209	30. Pine Mas
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

KASHTAN, MICHAEL R.
9011 BAYWOOD PARK DR.
SEMINOLE FL 33777

81. Name	85. Zip Code: FL 33777
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	

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: DP	NAME: KASHTAN, MICHAEL R.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 9011 BAYWOOD PK. DR.	CITY-ST-ZIP: SEMINOLE FL	1.2 NAME	
	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE: D	NAME: KASHTAN, DOROTHY L.	1.4 CITY-ST-ZIP	
STREET ADDRESS: 9011 BAYWOOD PK. DR.	CITY-ST-ZIP: SEMINOLE FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	2.2 NAME	
TITLE:	NAME:	2.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	3.2 NAME	
STREET ADDRESS:	CITY-ST-ZIP:	3.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
TITLE:	NAME:	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE:	NAME:	4.4 CITY-ST-ZIP	
STREET ADDRESS:	CITY-ST-ZIP:	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	5.2 NAME	
TITLE:	NAME:	5.3 STREET ADDRESS	
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	NAME:	6.2 NAME	
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	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] Date: 3-21-97 (P.O.) 544-0344

SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: [Signature] Daytime Phone: #

CR2E034 (9/96)