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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 17 PH 1:40

DOCUMENT # **G40411** (2)

1. Corporation Name
LOU BACHRODT CHEVROLET, INC.

Principal Place of Business
**1801 W ATLANTIC BLVD
P.O. BOX 939
POMPANO BEACH FL 33069**

Mailing Address
**1801 W ATLANTIC BLVD
P.O. BOX 939
POMPANO BEACH FL 33069**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/20/1983** 3a. Date of Last Report **01/19/1994**

4. FEI Number **59-2295180** Applied For Not Applicable

5. Certificate of Status Desired **KX** \$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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**FLEMING, O'BRYAN & FLEMING, P.A.
500 E. BROWARD BLVD., 7TH FL.
ATTN: WDR
FT. LAUDERDALE FL 33394**

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 of the present agent or registered agent and fee if applicable)

(Name of present agent; signature required when registering)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE **PD**

2. NAME **BACHRODT, LOUIS C, III**

3. STREET ADDRESS **1801 W ATLANTIC BLVD**

4. CITY, ST, ZIP **POMPANO BEACH FL**

5. TITLE **VD**

6. NAME **BACHRODT, LOUIS C., JR.**

7. STREET ADDRESS **7070 CHERRYVALE BLVD N**

8. CITY, ST, ZIP **ROCKFORD IL**

9. TITLE **D**

10. NAME **KLINGER, SIDNEY**

11. STREET ADDRESS **7070 CHERRYVALE N BLVD**

12. CITY, ST, ZIP **ROCKFORD IL**

13. TITLE **ST**

14. NAME **KMETZ, GERALD**

15. STREET ADDRESS **1801 W ATLANTIC BLVD**

16. CITY, ST, ZIP **POMPANO BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17. TITLE Change Addition

18. NAME

19. STREET ADDRESS

20. CITY, ST, ZIP

21. TITLE Change Addition

22. NAME

23. STREET ADDRESS

24. CITY, ST, ZIP

25. TITLE Change Addition

26. NAME

27. STREET ADDRESS

28. CITY, ST, ZIP

29. TITLE Change Addition

30. NAME

31. STREET ADDRESS

32. CITY, ST, ZIP

33. TITLE Change Addition

34. NAME

35. STREET ADDRESS

36. 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 199.07(1)(b), Florida Statutes. I further certify that the information included 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 887, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this return.

SIGNATURE: **GERALD KMETZ**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/07/95

305/971-3000

Date

Telephone Number