

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996

H73986 Amended

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

96 SEP -6 PM 2:11

DOCUMENT # H73986
 1. Corporation Name
ACTION NISSAN, INC.

Principal Place of Business Mailing Address
2830 N. Orange Blossom Trail 2830 N. Orange Blossom Trail
P. O. Box 422739 P. O. Box 422739
Kissimmee, FL 34744 Kissimmee, FL 34744

3. Date Incorporated or Qualified **8/29/1985** 3a. Date of Last Report **01/18/1996**
 4. FEI Number **59-2602076** 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 2a. Mailing Address
 21 Suite, Apt #, etc 26 Suite, Apt #, etc
 22 City & State 27 City & State
 23 Zip 28 Zip
 24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent
JOSEPH M. WILLIAMSON
2830 N. ORANGE BL. TRAIL
KISSIMMEE, FL 34744

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 *up 9/6*
 Signature typed in print in the office designated and the capacity (NOTE: Registered Agent signature required when not at org.)

12. OFFICERS AND DIRECTORS
 TITLE **DP** DELETE
 NAME **Williamson, Joseph M.**
 STREET ADDRESS **2830 N. Orange Blossom Trail**
 CITY-ST-ZIP **Kissimmee, FL 34744**
 TITLE **DVP-TS** DELETE
 NAME **Nero, William**
 STREET ADDRESS **2830 N. Orange Blossom Trail**
 CITY-ST-ZIP **Kissimmee, FL 34744**
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE **C** Change Addition
 1.2 NAME **Williamson, Joseph M.**
 1.3 STREET ADDRESS **2830 N. ORANGE BLOSSOM TRAIL**
 1.4 CITY-ST-ZIP **KISSIMMEE, FL 34744**
 2.1 TITLE **DPTS** Change Addition
 2.2 NAME **Nero, William**
 2.3 STREET ADDRESS **2830 N. ORANGE BLOSSOM TRAIL**
 2.4 CITY-ST-ZIP **Kissimmee, FL 34744**
 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

400001946314
 -09/13/96--01001--007
 *****61.25 *****61.25

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 119.07(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 or changes to either an attachment with an address.

SIGNATURE: *[Signature]* **9-4-96** **407-847-9388**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)