

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K03082 (0)**

1. Corporation Name  
**MID-FLORIDA CHRYSLER PLYMOUTH, INC.**



Principal Place of Business: **2880 NORTH ORANGE BLOSSOM TRAIL, KISSIMMEE FL 34744**  
Mailing Address: **2880 NORTH ORANGE BLOSSOM TRAIL, KISSIMMEE FL 34744**

3. Date Incorporated or Qualified: **11/20/1987**  
3a. Date of Last Report: **04/28/1995**  
4. FEI Number: **59-2863319**  
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 (21-24)  
2a. Mailing Address (25-28)  
22. State, Apt #, etc  
23. City & State  
24. Zip, Country

**9. Name and Address of Current Registered Agent**

**LALLY, JASVINDER S.  
2880 NORTH ORANGE BLOSSOM TRAIL  
KISSIMMEE 34744**

**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 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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: \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

1. TITLE	<b>PSTD</b>	<input type="checkbox"/> DELETE
2. NAME	<b>LALLY, JASVINDER S</b>	
3. STREET ADDRESS	<b>2878 N. ORANGE BLOSSOM TR.</b>	
4. CITY-STATE-ZIP	<b>KISSIMMEE FL</b>	
1. TITLE	<b>PST</b>	<input checked="" type="checkbox"/> DELETE
2. NAME	<b>LALLY, JASVINDER S.</b>	
3. STREET ADDRESS	<b>3535 W COLONIAL DR</b>	
4. CITY-STATE-ZIP	<b>ORLANDO FL</b>	
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		
1. TITLE		<input type="checkbox"/> DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY-STATE-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. 2. NAME	
3. 3. STREET ADDRESS	
4. 4. CITY-STATE-ZIP	
5. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. 2. NAME	
7. 3. STREET ADDRESS	
8. 4. CITY-STATE-ZIP	
9. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. 2. NAME	
11. 3. STREET ADDRESS	
12. 4. CITY-STATE-ZIP	
13. 1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. 2. NAME	
15. 3. STREET ADDRESS	
16. 4. CITY-STATE-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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an amendment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/09/96 (407) 839-1000

CR2E034 (12/95)