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**Apr 04 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000034630 (0)

1. Corporation Name
FORSYTH AUTO GROUP, INC.



Principal Place of Business: 1820 N. FORSYTH RD. ORLANDO FL 32807
Mailing Address: 1820 N. FORSYTH RD. ORLANDO FL 32807-5259

3. Date Incorporated or Qualified: 05/03/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3314908
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: 8312 E. COLONIAL DR. ORLANDO, FL 32817
2a. Mailing Address: 8312 E. COLONIAL DR. ORLANDO, FL 32817
23. City & State: ORLANDO, FL
24. Zip: 32817
25. Country: ORANGE
27. Suite, Apt. #, etc.:
28. City & State: ORLANDO, FL
29. Zip: 32817
30. Country: ORANGE

9. Name and Address of Current Registered Agent
**FILINGS, INC.
3732 N.W. 18TH STREET
FT. LAUDERDALE FL 33311-4132**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D SINGH, HERENDRA	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SINGH, HERENDRA	1.2 NAME	
STREET ADDRESS	1920 N. FORTSYTH RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32807	1.4 CITY-ST-ZIP	
TITLE	D LAKRAJ, AMARNUTH	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKRAJ, AMARNUTH	2.2 NAME	
STREET ADDRESS	1920 N. FORTSYTH RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32807	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *H. Singh* H. SINGH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 3-3-97
Daytime Phone #: 407-282-0540

CR2E034 (9/96)