

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 26 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000034630 (0)

1. Corporation Name
FORSYTH AUTO GROUP, INC.



Principal Place of Business: **8312 E COLONIAL DR ORLANDO FL 32817 US**

Mailing Address: **8312 E COLONIAL DR ORLANDO FL 32817 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.	05/03/1995	
22	City & State	27	City & State	4. FEI Number	
23	Zip	28	Zip	59-3314908	
24	Country	29	Country	Applied For	
		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/>	
FILINGS, INC. 3732 N.W. 18TH STREET FT. LAUDERDALE FL 33311-4132				8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				\$5.00 May Be Added to Fees	
				6. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FILINGS, INC. 3732 N.W. 18TH STREET FT. LAUDERDALE FL 33311-4132				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 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 <input type="checkbox"/> DELETE	1.1 TITLE	<i>Secretary</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1920 N. FORTSYTH RD. 8312 E Colonial Dr	1.2 NAME	SAHODAI SINGH
STREET ADDRESS	ORLANDO FL 32817	1.3 STREET ADDRESS	8312 E Colonial Dr
CITY-ST-ZIP	ORLANDO FL 32817	1.4 CITY-ST-ZIP	32817
TITLE	D LAKRAJ, AMANNUTH <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1920 N. FORTSYTH RD.	2.2 NAME	
STREET ADDRESS	ORLANDO FL 32817	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32817	2.4 CITY-ST-ZIP	
TITLE	<i>SAHODAI SINGH</i> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8312 E Colonial Dr	3.2 NAME	
STREET ADDRESS	Orlando FL 32812	3.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando FL 32812	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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 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: _____ 2-16-98 407-282-0540

CR2E034 (10/97)