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

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

DOCUMENT # **P95000082800 (0)**

1. Corporation Name
CAR & TRUCK BUYER GUIDE OF THE PALM BEACHES, INC

Principal Place of Business
~~1919 N.E. 45TH STREET~~
~~FT. LAUDERDALE FL 33308~~

Mailing Address
~~1919 N.E. 45TH STREET~~
~~FT. LAUDERDALE FL 33308~~

3. Date Incorporated or Qualified: 10/25/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 5431 N. ST. RD 7
22: Suite, Apt #, etc
23: City & State: TAMARAC, FL
24: Zip: 33319
25: Country: USA

2a. Mailing Address
26: SAme
27: Suite, Apt #, etc
28: City & State
29: Zip
30: Country

4. FEI Number: 65-0586926 ☐ 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

9. **Name and Address of Current Registered Agent**
MEHLER, LANCE
~~4165 FOREST HILLS DRIVE #223~~
~~COOPER CITY FL 33026~~

10. **Name and Address of New Registered Agent**
81 Name: MeHLER, LANce
82 Street Address (P.O. Box Number is Not Acceptable): 5431 N. ST. Rd. 7
83
84 City: TAMArAC — FL
85 Zip Code: 33319

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]
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	MEHLER, LANCE	
STREET ADDRESS	~~4165 FOREST HILLS DRIVE, #223~~	
CITY-ST-ZIP	~~COOPER CITY FL 33026~~	
TITLE	VP	☐ DELETE
NAME	Linda terranova	
STREET ADDRESS	5431 N. STATE Rd. 7	
CITY-ST-ZIP	TAMArAC, Fl 33319	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P.	☐ Change ☐ Addition
1.2 NAME	MeHLeR, LANce	
1.3 STREET ADDRESS	5431 No. STATE Rd 7	
1.4 CITY-ST-ZIP	TAMArAC, Fl 33319	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

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 if changed, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6/6/96 Daytime Phone #: (954-6770335)

CR2E034 (3/96)