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Feb 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S40343 (3)
1. Corporation Name
COMO AUTO SALES & SERVICE, INC.



Principal Place of Business: 61 NORTH FLORIDA AVENUE INVERNESS FL 32650
Mailing Address: 61 NORTH FLORIDA AVENUE INVERNESS FL 34453-1602

3. Date Incorporated or Qualified: 03/22/1991
3a. Date of Last Report: 05/01/1996
4. FEI Number: 59-3062630
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

2. Principal Place of Business (21-24)
2a. Mailing Address (26-30)
21-24: Suite, Apt. #, etc., City & State, Zip, Country
26-30: Suite, Apt. #, etc., City & State, Zip, Country

9. Name and Address of Current Registered Agent
POE, GARY A.
103 NORTH APOPKA AVENUE
INVERNESS FL 32650

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include PTD COMO, RICHARD J. and VSD COMO, DAWN.

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows 1.1-6.4 for ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

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: [Signature] RICHARD como 2/10/97 352-344-1411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E034 (9/96)