

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 014843 (7)

1. Corporation Name
WARREN WOOTEN FORD, INC.



Principal Place of Business: 1360 W KING ST COCOA FL 32922
Mailing Address: 1360 W KING ST COCOA FL 32922

2. Principal Place of Business: 21 State, Apt #, etc.; 22 City & State; 23 Zip; 24 Country; 25
2a. Mailing Address: 26 State, Apt #, etc.; 27 City & State; 28 Zip; 29 Country; 30

3. Date Incorporated or Quasied: 12/18/1924
3a. Date of Last Report: 01/19/1995
4. FID Number: 59-0452670
5. Certificate of Status Desired: Applied For, Not Applicable
6. Election Campaign Financing Trust Fund Contribution: \$8.75 Additional Fee Required, \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes, No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
**WOOTEN, FRANK DANIEL
704 NICKLAUS DRIVE
MELBOURNE FL 32940**

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 607.001 and 607.002, Florida Statutes, I hereby named corporation as the registered agent 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 Sections 607.001 and 607.002, Florida Statutes.

SIGNATURE _____ Date _____

12. OFFICERS AND DIRECTORS

TITLE	PST	WOOTEN, FRANK D.	704 NICKLAUS DR. MELBOURNE FL
TITLE	V	WOOTEN, DAVID B.	2615 WAGON ROAD COCOA FL
TITLE			
TITLE			
TITLE			
TITLE			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

SECRETRES.
ROBERT M. POLOSKEY
54 RIDGE CT
ROCKLEDGE FL 32955

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-04/01/96--01025--004
***208.75

14. I do hereby certify that the information supplied herein is true and correct to the best of my knowledge and belief. I further certify that the information indicated on this form is true and correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the sole owner or partner in the corporation as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on a subsequent filing with an address.

SIGNATURE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR
Robert M. Poloskey

2/8/96 (407) 632-2222
S.C. 2-30-96

CR2E034 (12/95)