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Apr 04 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 # 122532 (5)

1. Corporation Name
LLOYD BUICK-CADILLAC, INC.



Principal Place of Business
354 NORTH BEACH STREET
DAYTONA BEACH FL 32114-3310

Mailing Address
354 NORTH BEACH STREET
DAYTONA BEACH FL 32114-3310

3. Date Incorporated or Qualified 06/05/1930	3a. Date of Last Report 04/30/1996
4. FEI Number 59-0216180	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

LLOYD, ROBERT F
354 NORTH BEACH STREET
DAYTONA BEACH FL 32114

10. Name and Address of New Registered Agent

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 607.1503, 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]* (NOTE: Registered Agent signature required when reinstating) DATE: 1/15/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	
NAME	LLOYD, ROBERT F	1.2 NAME	
STREET ADDRESS	120 BEACH ST W	1.3 STREET ADDRESS	
CITY- ST- ZIP	PONCE INLET FL	1.4 CITY- ST- ZIP	
TITLE	ST	2.1 TITLE	
NAME	MACMILLAN, SCOTT D	2.2 NAME	
STREET ADDRESS	112 MEADOWBROOK CIRCLE	2.3 STREET ADDRESS	
CITY- ST- ZIP	DAYTONA BEACH FL	2.4 CITY- ST- ZIP	
TITLE	PD	3.1 TITLE	
NAME	LLOYD, WILLIAM S	3.2 NAME	
STREET ADDRESS	6168 SHORELINE DRIVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	PORT ORANGE FL	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
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, changed, or on an attachment with an address.

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

1/15/97 (904) 252-3755
Date Daytime Phone #

CR2E034 (9/96)