FILED Apr 30, 2004 8:00 am Secretary of State 2004 FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT # 146451 04-30-2004 90322 021 ***158.75 1. Entity Name KING MOTOR COMPANY OF FORT LAUDERDALE Principal Place of Business Mailing Address 94046568 900 E SUNRISE BLVD 900 E SUNRISE BLVD FT. LAUDERDALE, FL 33304 FT. LAUDERDALE, FL 33304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 04282004 Chg-P City & State City & State 4. FEI Number Applied For 65-0001201 Not Applicable Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KING, W. CLAY Street Address (P.O. Box Number is Not Acceptable) 700-900 E SUNRISE BLVD FT. LAUDERDALE, FL 33304 City Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2004 Fee will be \$550.00 10, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. VTS Addition TITLE Delete TITLE Jeff Gale FRANCIS, KIRK J. NAME NAME 700-900 East Suntise Blvd. STREET ADDRESS 900 E SUNRISE BLVD STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33304 CITY-ST-ZIP Landerdile, FL 33309 , JJTLE ☐ Delete TITI F ☐ Addition KING, W. CLAY NAME NAME STREET ADDRESS 900 E. SUNRISÉ BLVD STREET ADDRESS CITY-ST-ZIP FT. LAUDERDÄLE, FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME APPLEBY, EDWARD NAME STREET ADDRESS 900 E. SUNRISE BLVD STREET ADDRESS CITY-ST-ZIP FT. LAUDERDÁLE, FL CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NELSON, DAVE NAME STREET ADDRESS 900 E, SUNRISE BLVD. STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33304 CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 trusfee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME STREET ADDRESS

CITY - ST - ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO.

4/2964

Daytme Phone #