2000 UNIFORM BUSINESS REPORT (UBR)				
DOCUMENT # 147668	3	/		ILED 2000 8:00 am
STEWART PONTIAC COMPANY	V		Secret	ary of State
Principal Place of Business	Mailing Address		07-18-2000	90015 021 ***550.00
		<b></b>		
2. Principal Place of Business 1215 N. FEDERAL HIGHWAY Suite, Apt. #, etc. Suite, Apt. #, etc. 3. Mailing Address 1215 N. FEDERAL HIGHWAY Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
LAKE PARK, FLORIDA LAKE PARK, FLORIDA		4. FEI Number 59-05524	0 Applied For Not Applicable	
Zip 2340.3 - Country	Zip 33-403	Country	5 Certificate of Status Desired	Fee Required
6. Name and Address of Curre	nt Registered Agent	Name	7. Name and Address of New F	egistered Agent
- OLENSKI SCOTT R- JANET FOETZ				
1 <del>928 S. DIXIE HWY</del> W.PALM BCH. FL 33401		Street Address	(P.O. Box Number is Not Acceptable N FEDERAL	"HIGHWAY
		City LAX	E PARK	FL 233403
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.				
SIGNATURE Signature, typed or printed grame of registered ag		egistered Agent signature require	ad when reinstation)	$\frac{1}{2} \frac{1}{2} \frac{1}$
9. This corporation is eligible to satisfy its Intangi	<u> </u>	FEE IS \$550.00		<b></b>
Tax filing requirement and elects to do so. (See criteria or back)	After SEPTEMBER 13, :	2000 Min. will be \$75		
	ND DIRECTORS	12.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 11
TITLE D NAME STEWART, EARL D. JR.	Defete	TITLE NAME		Change Addition
STREET ADDRESS 1928 SOUTH DIXIE HIGHWA'	<del>γ</del>		15 N. FEDERAL HI	
TITLE VP	Delete	TITLE	<u>└└└──/──/──/──/──/──/──/──/──/──/</u> ─────/	403 De Change D Addition
NAME GOETZ, JANET STREET ADDRESS 1928 S. DIXIE HWY CITY-ST-ZIP WEST PALM BEACH FL		NAME STREET ADDRESS / 2_/ CITY-ST-ZIP	SN·FEDEKAL H KEPARKIFL 33	GHWAY 4p3
TITLE #	Delete	TITLE		Change Addition
NAME STREET ADDRESS CITY - ST - ZIP		NAME STREET ADDRESS City-ST-ZIP		
TITLE	Detete	TITLE		🗋 Change 📋 Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS City - St - Zip		
τιτιε	Delete	TITLE		Change Addition
NAME STREET ADDRESS		NAME STREET ADDRESS		
CITY-ST-ZIP		CITY-ST-ZIP		
TITLE NAME	Delete	TITLE . NAME		Change Addition
STREET ADDRESS		STREET ADDRESS C(TY-ST-ZIP		
13. I hereby certify that the information supplied w	with this filing does not qualify for th	e exemption stated in S	ection 119.07(3)(i), Florida Statutes.	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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: X STORATORE PRODUCT DILLO SU-844-3461				
SGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date Date Date				