

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 213712 (3)**

1. Corporation Name  
**PALM BEACH AUTO IMPORTS, INC.**



Principal Place of Business <b>2300 OKEECHOBEE BLVD 2301 OKEECHOBEE BLVD. WEST PALM BEACH FL 33409 US</b>	Mailing Address <b>2345 OKEECHOBEE BLVD 2301 OKEECHOBEE BLVD. WEST PALM BEACH FL 33409-4001 US</b>
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3. Date Incorporated or Qualified <b>07/11/1958</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21 <b>2300 Okeechobee Blvd.</b>	2a. Mailing Address 26 <b>2345 Okeechobee Blvd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State 23 <b>West Palm Beach, FL</b>	27 City & State 28 <b>West Palm Beach, FL</b>
24 Zip <b>33409</b>	25 Country <b>Palm Beach</b>
29 Zip <b>33409-4001</b>	30 Country <b>USA</b>

4. FEI Number <b>59-0837605</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FHS CORPORATE SERVICES INC.  
11780 U.S. HIGHWAY ONE  
SUITE 300  
NORTH PALM BEACH FL 33408**

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 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or reg-stored 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: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DPS</b>	<input type="checkbox"/> DELETE
NAME	<b>CUILLO, ROBERT S</b>	
STREET ADDRESS	<b>2345 OKEECHOBEE BLVD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>HOTARY, MICHAEL</b>	
STREET ADDRESS	<b>2345 OKEECHOBEE BLVD</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE	<b>VAS</b>	<input type="checkbox"/> DELETE
NAME	<b>CUILLO, ROBERT A</b>	
STREET ADDRESS	<b>2345 OKEECHOBEE BLVD</b>	
CITY-ST-ZIP	<b>W PALM BCH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Michael Hotary** 4-12-97 (561)478-3509  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)