

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

**FILED**  
**Mar 11, 1999 8:00 am**  
**Secretary of State**

03-11-1999 90103 036 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 330222**

1. Corporation Name  
**SUN CHEVROLET, INC.**

Principal Place of Business 7220 NORTH KENDALL DRIVE MIAMI FL 33156	Mailing Address 7220 NORTH KENDALL DRIVE MIAMI FL 33156
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	Applied For
21	26	05/17/1968	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	5. Certificate of Status Desired <input type="checkbox"/>
22	27	59-1218680	\$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23	28	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent  KAHN, ALBERT L. 7220 N. KENDALL DR. MIAMI FL 33156	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P KAHN, ALBERT L	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHN, ALBERT L	1.2 NAME	
STREET ADDRESS	7220 N KENDALL DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	
TITLE	D GLASSER, GENE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLASSER, GENE	2.2 NAME	
STREET ADDRESS	2021 TYLER ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 0	2.4 CITY-ST-ZIP	
TITLE	V KAHN, MARC A.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHN, MARC A.	3.2 NAME	
STREET ADDRESS	7220 N KENDALL DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/98)