

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 414260

(0)

Corporation Name  
COLLIER AUTO SALES, INC.

Principal Place of Business

20 W. COLONIAL DRIVE  
ORLANDO FL 32809

Mailing Address

3920 W. COLONIAL DRIVE  
ORLANDO FL 32808-7826

FILED  
Mar 13 1997 8:00am  
Secretary of State



Principal Place of Business		2a. Mailing Address	
25 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
27 City & State		28 City & State	
29 Zip		30 Zip	
Country		Country	
9. Name and Address of Current Registered Agent			
HOLMES, JOHN V A 811 MAGNOLIA AVE ORLANDO FL 32803			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
FL 85 Zip Code			
3. Date Incorporated or Qualified 12/07/1972			
3a. Date of Last Report 04/12/1996			
4. FEI Number 59-1733574			
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			
10. Name and Address of New Registered Agent			

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D COLLIER, SUSAN T 3920 W COLONIAL DR ORLANDO, FL 00000	1.1 TITLE	(NAME) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		1.2 NAME	SUSAN COLLIER SPOUSE
CITY-ST-ZIP		1.3 STREET ADDRESS	
TITLE	V COLLIER, MARY S. 3920 W COLONIAL DR ORLANDO, FL 00000	1.4 CITY-ST-ZIP	
STREET ADDRESS		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		2.2 NAME	
TITLE	ST COLLIER, MICHAEL 3920 W COLONIAL DR ORLANDO, FL 00000	2.3 STREET ADDRESS	
STREET ADDRESS		2.4 CITY-ST-ZIP	
CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	P COLLIER, DAVID F 3920 W COLONIAL DR ORLANDO, FL 00000	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BISHOP, LYNN 3920 W COLONIAL DR ORLANDO FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP		4.3 STREET ADDRESS	
TITLE	D COLLIER, DAVID S. 3920 W COLONIAL DR ORLANDO FL	4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		5.2 NAME	
TITLE		5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

DAVID F COLLIER

CR2E034 (9/96)