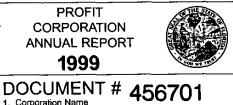
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

SUNRISE OLDS-TOYOTA, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE Katķorine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90055 032 ***150.00

Principal Place	e of Business	Mailing Address				-	##### ##### ##########################	161 8181 1681
104 S. RIVERSIDE DR P.O. BOX 770						}		
NEW SMYRNA BEACH FL 32168 NEW SMYRNA BEACH FL 321			170	0		DO NOT WRITE IN THIS SPACE		
US US						3. Date Incorporated or Qualifed		
						07/11/1974		
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	Ap	plied For
21	26					59-1541831	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc							\$8.75 /	Additional
27						5. Certificate of Status Desired	Fee Re	equired
City & State City & State						6. Election Campaign Financing	\$5.00 May Be	
23		28				Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year I	_	_
24	25	29 3	30			Personal Property Tax.	∐ Yes	□No
	9. Name and Address of Curren	t Registered Agent			-:-	10. Name and Address of New Registere	i Agent	
J. DAVID WALSH				81 Name				
		82 Street Addre			ss (P.O. Box Number is Not Acceptable)			
432 5	,		\sqcup					
DAYI	TONA FL 32114			83				
		•		84	City		85 Zip (Code
		•			-	ration submits this statement for the purpose		
office or re agent. I a	egistered agent, or both, in the State in familiar with, and accept the obliga Signature, typed or printed name of registered ager	tions of, Section 607.0505, Flore	a Stat	utes.	signature required	she reinstating	January 25 Te	
12.		D DIRECTORS	13.	- igoni	organization required	ADDITIONS/CHANGES TO OFFICERS /	AND DIRECTO	ORS IN 12
TITLE	PDC	☐ DELETE	1.1 TI	TLE			☐ Change	Addition
NAME	HIGGINBOTHAM, DENNIS D		1.2 N	AME	}			
STREET ADDRESS			1.3 5	TREET	ADDRÉSS			
	NEW SMYRNA BCH, FL 00000			TY-ST-				
CITY-ST-ZIP TITLE	VP DELETE		_	2.1 TITLE			Change	Addition
NAME	HILL, LARRY			2.2 NAME				
STREET ADDRESS			1		ADDRESS			
CITY-ST-ZIP	DAYTONA BEACH FL] *		•	•
TITLE	ST DELETE			2.4 CITY-ST-ZIP 3.1 TITLE			Change	Addition
NAME	HIGGINBOTHAM-MOODY , TRU	- -	3.2 N					
STREET ADDRESS					ADORESS			
CITY-ST-ZIP	NEW SMYRNA BEACH FL			TY-ST	- }			
TITLE	TALTY CIVILITIAN DENOTE IL	☐ DELETE	4.1 TI				Change	Addition
NAME		_	4.2 N	IAME	ļ			
STREET ADDRESS		-			ADDRESS			,
CITY-ST-ZIP	[•	TY-ST-	ſ			•
TITLE		☐ DELETE	5.1 TI				Change	Addition
NAME			5.2 N]			
STREET ADDRESS			5.3 S	TREET	ADDRESS			-
CITY-ST-ZIP			5.4 C1	ITY-ST-	ZIP			
TITLE		☐ DELETE	6.1 TI				Change	Addition
NAME			6.2 N	AME				
STREET ADDRESS			6.3 \$	TREET A	ADDRESS			
CITY-ST-ZIP			6.4 CI	ITY-ST-	ZIP			
OTT OF AIR	İ				1			

I 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 stated 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 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 13 if changed, or on an attachment with an address, with all other like empowered.

REQUIRED OF SIGNING OFFICER OR DIRECTOR