

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

FILED

May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **493646** (4)  
1. Corporation Name  
**GARY FRONRATH CHEVROLET, INC.**

Principal Place of Business <b>1300 N. FEDERAL HWY FORT LAUDERDALE FL 33304</b>	Mailing Address <b>1300 N. FEDERAL HWY FORT LAUDERDALE FL 33304-1428</b>
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2. Principal Place of Business 21 <b>4901 N. Federal Hwy.</b> Suite, Apt. #, etc. 22 <b>Suite 350</b> City & State 23 <b>Ft. Lauderdale, FL</b> Zip 24 <b>33308</b>		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 <b>Broward</b>		3. Date Incorporated or Qualified <b>01/05/1976</b>		3a. Date of Last Report <b>04/03/1996</b>	
				4. FEI Number <b>59-1639226</b>		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>SHANNON, MICHAEL 1300 NORTH FEDERAL HWY FT. LAUDERDALE FL 33304</b>				10. Name and Address of New Registered Agent 81 Name <b>Eric J. Dorer</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>412 NE 4th St.</b> 83 84 City <b>Ft. Lauderdale</b> FL 85 Zip Code <b>33301</b>			
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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, in 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE  **ERIC J. DORER** DATE **4/7/97**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRONRATH, GARY</b>	1.2 NAME	
STREET ADDRESS	<b>1300 N. FEDERAL HWY.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DEAN, ROGER</b>	2.2 NAME	
STREET ADDRESS	<b>1300 N. FEDERAL HWY.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, BARBARA</b>	3.2 NAME	
STREET ADDRESS	<b>1300 N FEDERAL HWY</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	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 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:  **Barbara Williams** 4-2-97 954-489-3973  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)