

FILED
Apr 22, 1999 8:00 am
Secretary of State

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

04-22-1999 90235 018 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 538855 *DC*
 1. Corporation Name
 SUPERIOR NISSAN, INC.

393643-90235-18



Principal Place of Business PO BOX 395 NICHOLAASVILLE KY 40340-0395		Mailing Address PO BOX 395 NICHOLAASVILLE KY 40340-0395		3. Date Incorporated or Qualified 07/01/1977	
2. Principal Place of Business 21 P.O. Box 395	2a. Mailing Address 26 Same as 2	4. FEI Number 59-1754350	Applied For Not Applicable		
Suite, Apt. #, etc. 22 Nicholasville	Suite, Apt. #, etc. 27	5. Certificate of Status Desired	8.75 Additional Fee Required		
City & State 23 KY	City & State 28	6. Election Campaign Financing Trust Fund Contribution	5.00 May Be Added to Fees		
Zip 24 40340-0395	Country 25 USA	Zip 29	Country 30	8. This corporation owes the current year Intangible Personal Property Tax.	
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	85 FL 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 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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILER, DANIEL C.	1.2 NAME	
STREET ADDRESS	2141 TABORLAKE CIRCLE Place	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEXINGTON KY	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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, with all other like empowered.

SIGNATURE: *[Signature]* 3/5/99 606-885-3367
Signature and typed or printed name of signing officer or director Date Daytime Phone #

Dulworth, Breeding & Karns 61-1165017
 444 E. Main St. #104
 Lexington KY 40507