SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

585491

(4)

DADE	JEEP EAGLE CHRYSLER	PLYMOUTH, INC.			 	
Principal Place of Business Mailing Address						DI ORDIA EKON EKON DIDIK EKON DIEN K <b>adi</b>
15895 S. DIXIE HWY MIAMI FL 33157 US		15895 S. DIXIE HWY MIAMI FL 33157				
U3		US			<ol> <li>Date Incorporated or Qualified 09/06/1978</li> </ol>	3a. Date of Last Report 02/13/1995
Principal Place of Business  21		2a. Mailing Address 26			4. FEI Number <b>59-1857791</b>	Applied For Not Applicable
Suite Apt	#, etc	Suite, Apt #, etc		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stati	e	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country <b>25</b>		Zip 29	Countr 30	y	B. This corporation has liability for it     Florida Statutes	
	9. Name and Address of Curr	···	1		10. Name and Address of New Reg	
KA	YE,MARTIN A.		81	Name		
15	895 S. DIXIE HWY		62	Street Add	ress (P.O. Box Number is Not Acceptabl	0)
MI	AMI FL 33157		83			
			84	City	A CONTRACT OF THE CONTRACT OF	85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508 Florida Statut	es the above	e-named coro	oration submits this statement for the pu	FL 89 2.15 Code
Office of R	egistered agent, or both, in the Sta m familiar with, and accept the obli	e or riorida. Such change was a	authorized by	the corporati	on's board of directors. Thereby accept	the appointment as registered
SIGNATURE						
12.	Signature Typed or printe financial registered a OFFICERS A	ND DIRECTORS	13.	Pril signature requi	ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 11/1.5		ADDITIONS/OFFICE	Change Addition
NAME	KAYE,MARTIN		1.2 NAME			
STREET ADDRESS	15895 S.DIXIE HWY		13STREE	ADDRESS		
CITY - ST - ZIP TITLE	MIAMI FL	DELETE	1.4 CITY -	ST-ZIP		
NAME	VSD	DETELE	2 1 TITLE 2 2 NAME			Change Addition
STREET ADDRESS	Kaye, Jeffrey 15895 S. Dixie Hwy			ADDRESS		
CITY - ST - ZIP	MIAMI FL		2.3 STREE			
THILE	WINDIO I L	DELETE	3 1 TITLE			Cnange Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREE	ADDRESS		
CITY-ST-ZIP			34 CITY-	ST - 71P		
TITLE		DELETE	4.1 Talle			Change Addition
NAME			4 2 NAME			
STREET ADDRESS			4.3 STREE	ADDRESS		
CHTY - ST - ZIP	***************************************	65.676	4.4 CITY - :	5T - ZIP		
TITLE		DELETE	5 1 TIFLE			Change Add-tion
NAME CIRCLE ADDOCCO			5.2 NAME			
STREET ADDRESS			5.3 STREE			
CITY-ST-ZIP TITLE		DELETE	54 CITY - ST - ZIP 61 TITLE			Change Addition
NAME			6 2 NAME			Change Addition
STREET ADDRESS			6.3 STREE	Annacec		
CITY - ST - ZIP	`\.		. 64 CITY-1			
14. I do hereb	by certify that the information suppli	ed with this filing is voluntarily fo	rnished and	does not qual	ify for the exemption stated in Section 11	9 07(3)(k), Florida Statutes T
mage und	rify that the information indicated of ter oath, that I am un off delige direc	ri this annical report or suppleme for of the corporation or the rec	ental annual i	eport is true a e empowered	and accurate and that my signature shall dito execute this report as required by C	have the carea local offect as if

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER ORDINESSOR

WECLECICOED OPHUR