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Mar 04 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 644065

(5)

1. Corporation Name

FRIENDLY MOTORS, INC.

Principal Place of Business

2150 N.E. 163 STREET  
P O BOX 600070  
NORTH MIAMI BEACH FL 33160-7070

Mailing Address

2150 N.E. 163 STREET  
P O BOX 600070  
NORTH MIAMI BEACH FL 33160-0070



3. Date Incorporated or Qualified 11/05/1979	3a. Date of Last Report 01/29/1996
4. FEI Number 59-1950026	Applied For <input type="checkbox"/> 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	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

BOWER, GARY  
2150 NE 163RD STREET  
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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

(Signature of person authorized to change registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCB	<input type="checkbox"/> DELETE
NAME	BOWER, WILLIAM J JR.	
STREET ADDRESS	2150 N E 163 ST	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	COMPARETTO, SAM	
STREET ADDRESS	2150 NE 163 STREET	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MORSE, EDWARD J SR	
STREET ADDRESS	2150 N E 163 ST	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BOWER, GARY	
STREET ADDRESS	2150 N.E. 163RD ST.	
CITY-ST-ZIP	N MIAMI BCH FL	
TITLE	VP/ ST	<input type="checkbox"/> DELETE
NAME	Bower, William J III	
STREET ADDRESS	2198 N.E. 163 Street	
CITY-ST-ZIP	N Miami Bch., FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Gary Bower* Gary Bower Vice President 2/27/97 (305) 947-9463

(Signature and typed or printed name of signing officer or director)

Date Daytime Phone

CR2E034 (9/96)