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

Mar 16 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 828466 (3)RUSSELL PONTIAC-BUICK, INC. Principal Place of Business Mailing Address 200 S ORANGE AVE 2535 N. ORANGE BLOSSOM TRAIL KISSIMMEE FL 34744 DO NOT WRITE IN THIS SPACE ORLADNO FL 32801-3432 3. Date Incorporated or Qualified 08/10/1972 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 15 E. Donegan Ave Sulte, Apr W. etc. Not Applicable 26 59-1414182 Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be Kissimmee Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 61 Name AGC CO 200 S ORANGE AVE Street Address (P.O. Box Number is Not Acceptable) **B2** 2300 83 ORLANDO FL 32801 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or profed name of repotential agent and title if applicable (NOTE_Fa:gistared Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRI CTORS 12. 13. DELFTE 1.1 TITLE ___ Change Addition TITLE RUSSELL, JOHN H. 1.2 NAME NAME 4422 MEADOWOOD ST. 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition 21 TITLE TITLE NEFF, TERRY A. 22 NAME NAME 14763 LONG EAGLE DR. STREET ADDRESS 23 STREET ADDRESS ORLANDO FL 2 4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition DETELL 5 t TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZIP 14. Thereby 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

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