## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #

833725

(5)

ROYAL JEEP/EAGLE CHRYSLER/PLYMOUTH, INC.

Principal Place of Business Mailing Address

100 WEST TENTH STREET WILMINGTON DE 19801-1610

SIGNATURE:

100 WEST TENTH STREET WILMINGTON DE 19801-1610

SIGNATURE AND TYPED OR PRINTED NAME OF SCHING OFFICER OR DIRECTOR

FILED
Mar 01 1996 8:00 am
Secretary of State

1		HI HIN KINI	

3. Date Incorporated or Qualified 3a. Date of Last Report

Appendix						01/28/1975		02/17/19	995	
Substitute   Sub	2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number				
Substitute   Sub	21 26		26			59-1572419		N	ot Applicable	
Cry 8 State		#. etc.				·				
Pursuant Interest Contribution   Added to Fiees   Added	2		<b> </b>							
29	1	6)				, -		7		
25	23	Country		T Counts	, , , , , , , , , , , , , , , , , , , ,		ntannible t			
8. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  62	24	<sub>1</sub> '	here i	<u></u>	ſ			ax unuor s	199.002,	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  83  84	<u> </u>			1301				Agent		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  84  Cry  FL  85  84  Cry  FL  85  84  Cry  FL  85  87  ROAD  1. Fixesalish to the processions of Sections 607,0502 and £02,1608. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered affer or my starred agent, or both, at the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the exponitionnal as registered agent, and accept the classification of Sections 607,0505, Florida Statutes.  SIGNATURE  2. OFFICE RIS AND DIRE CLORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ST  ROGERS, JO A  13. ST ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ST  ROGERS, JO A  488 E. SEMORAN BLVD.  CASSELBERRY FL  14. CITY-ST-2P  15. CASSELBERRY FL  16. Change Addition  16. ST-2P  16. 16.				81	Name					
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  84  Cry  FL  85  84  Cry  FL  85  84  Cry  FL  85  87  ROAD  1. Fixesalish to the processions of Sections 607,0502 and £02,1608. Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered affer or my starred agent, or both, at the state of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the exponitionnal as registered agent, and accept the classification of Sections 607,0505, Florida Statutes.  SIGNATURE  2. OFFICE RIS AND DIRE CLORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ST  ROGERS, JO A  13. ST ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  ST  ROGERS, JO A  488 E. SEMORAN BLVD.  CASSELBERRY FL  14. CITY-ST-2P  15. CASSELBERRY FL  16. Change Addition  16. ST-2P  16. 16.	0.7.0	CODODATION EVETEM			Charact Andrew	/DO Day Number is Not Assessed	tol	<del></del>		
PLANTATION FL 33324					82 Street Address (P.O. Box Number is Not Acceptable)					
1. Function to the provisions of Sections CO7.05.02 and £07.1506 Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or rugistered agent, or both, in the Select of Fortia. Six his change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the Selective Corp. 0505. Florida Statutes and about the cellipplicance of Section Corp. 0505. Florida Statutes.    Selection				83	83					
1. Final processors of Sections 607 0502 and 607 1506. Februal Statutes, the above named corporation submits this statement for the purpose of changing its registered agent, or both, in this State of Facilities. Such change was authorized by the corporation's board of directors. I hereby accept the purpose of changing its registered agent, I am Lentities with under control the chligations of, Section 607 0505, Florida Statutes.  SIGNATURE    Major	FLAN	IAHON FL 33324		L.						
or ricigatored agient, or both, in the State of Fixeda. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am terman with and bocoet the obligations of positions of positions of positions of the property of the position of the posi				84	City		FL	_  85  ZIP	Code	
Description   Companies   Co	11. Pursuant	to the provisions of Sections 607.0502	and €07.1508. Florida Statute	os, the above-	named corpora	ation submits this statement for the pur	pose of ch	anging its re	egistered offic	
Separation   Sep	or registe familier w	ired agent, or both, in the State of Florid	da. Such change was authorizi ion 607 0505. Elorida Statutes	ed by the con	ooration's boar	d of directors. I hereby accept the appo	pintment as	; registered	agent. I am	
Special Special Control Registry Regi		in the discount we confidence to the cost	to ter indicate the management	•						
ST	SIGNATURE	Sagnature, typed or analted rearra of registered agent	and title diagnitization (NO	TE Playstered Age	rit signature required	t when reinstating)	DATE			
ROGERS, JO A   1.2 NAME   1.3 SHEELADORESS   1.4 CDV-51-2P   CASSELBERRY FL   1.4 CDV-51-2P   CASSELBERRY FL   1.4 CDV-51-2P   CMange   Addition   Addit	12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF				
HEET ACRIBITS   485 E. SEMORAN BLVD.	BLE	ST	□ DELETE	1. 1 TITLE			ſ	☐ Change	Addition	
14 CITY-ST-ZIP	nAMi	ROGERS, JO A		1.2 NAME						
	STREET ADDRESS	485 E. SEMORAN BLVD.		1.3 STREE	LADDRESS					
TATUM, RAY M   485 E. SEMORAN BLVD.   23 STREET ADDRESS   24 CITY-S1-ZIP	CHY-SI-ZIP	CASSELBERRY FL		1 4 CITY -	ST-ZIP					
ABS E. SEMORAN BLVD.   DELETE   3   THILE   Change   Addition	TH.F	P	DELETE	2 1 THTLE			ſ	☐ Change	☐ Addition	
CASSELBERRY FL	NAME	TATUM, RAY M		2 2 NAME						
TATUM, NORA	STREET ADDRESS	485 E. SEMORAN BLVD.		2.3 STREE	T ADDRESS					
TATUM, NORA   32 NAME   33 STREET ADDRESS   34 CHY - S1 - ZIP	OUY-SI-ZIP	CASSELBERRY FL			<del></del>					
ABS E. SEMORAN BLVD.   33 STREET ADDRESS   34 CHY-SI-ZIP	TILLE	V	[] DELEJE				ļ	Change	☐ Addition	
	NAME			3 2 NAMÉ						
DELETE	SHEET ADDRESS.			3.3 STRE	ET ADDRESS					
### ### ### #### #####################	City-St Zift	CASSELBERRY FL								
A 3 STREET ADDRESS   A 4 CITY - ST - ZIP   Addition	31H;		☐ DELETE				-	Change	☐ Addition	
A CITY-SI-7IP	NAM:				Į.					
DELETE   5 1 Title   Change   Addition     Addition   S2 NAME     S2 NAME   S3 STREET ADDRESS     S4 City - S1 - ZIP   Change   Addition     Addition   Change   Addition     Change   Ad	STREET ADDRESS				1					
	Coly ST-7iP							F-1 A)	F7 4230	
STREET ADDRESS	114		[ ] DELETE					Change	☐ Addition	
	NAM:									
DELETE	STREET ADDRESS									
###	$C(\{[\tau],\underline{S}]^{\perp},\underline{Z}(\mathbb{R})$								- 1 1 ans :	
114-F   ADDRESS	TITLE		☐ DELETE				ļ	unange	☐ Addition	
64 CITY - S1 - ZIP 64 CITY - S1 - ZIP	NAME			1						
16 feet and 16 October	STHEF   ADDRESS			6.3 STREE	T ADDRESS					
14. I do be eby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this arrival report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or drectly of the corporation of the c	CITY - ST - ZIP	1	<del> </del>				07/0/// 5:			
outry, that I arm an officer or directly of the corporated of the corporated on the corporated and that my name	<ol> <li>14. I do here certify th:</li> </ol>	by certify that the information supplied of the information indicated on this arm	with this filing is voluntarily furrual report or supplemental and	nished and do nual report is ti	es not qualify fi rue and accura	or the exemption stated in Section 119 ite and that my signature shall have the	u7(3)(k), Fk same lega	orida Statut il effect as if	es. I further made under	
the transfer of the contract o	octn; tha	it I am an officer or director of the corpo	protion of the receiver or truste	e empowered	to execute thi	s report as required by Chapter 607, FI	orida Statu	tes and tha	at my name	