FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **839497** **(5)**

1. Corporation Name

PENSACOLA CHRYSLER-PLYMOUTH, INC.

Principal Place of Business

6105 PENSACOLA BLVD.
P. O. BOX 17328
PENSACOLA FL 32522

Mailing Address

6105 PENSACOLA BLVD.
P. O. BOX 17328
PENSACOLA FL 32522

2. Principal Place of Business
21 Pensacola
Suite, Apt. #, etc.
22 6105 Pensacola Blvd
City & State
23 Pensacola
Zip 24 32505 Country 25 Escambia

2a. Mailing Address
26
Suite, Apt. #, etc. Same
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 11/08/1977

3a. Date of Last Report: 06/15/1995

4. FEI Number: 59-1773900 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [X] Yes [ ] No

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 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 Officer or Director — Date — Signature of Officer or Director — Date

12. OFFICERS AND DIRECTORS

TITLE	ST	[ ] DELETE
NAME	ST GERMAIN, BETTIE L.	
STREET ADDRESS	4040 POWRIE DRIVE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	P	[ ] DELETE
NAME	CASSIANO, JAMES W.	
STREET ADDRESS	6105 PENSACOLA BLVD.	
CITY-ST-ZIP	PENSACOLA FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS	Same	
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this Profit Corporation 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 a receiver or trustee or other court-appointed fiduciary as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is added herein with the title I hold.

SIGNATURE: X JAMES W. CASSIANO 3/12/96 904-477-2385

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

CR2E034 (12/95)