

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **842694** (2)  
1. Corporation Name  
**ATLANTIC FORD TRUCK SALES, INC.**

Principal Place of Business  
**2565 STATE ROAD 84  
P.O. BOX 22450  
FT LAUDERDALE FL 33335**

Mailing Address  
**2565 STATE ROAD 84  
P.O. BOX 22450  
FT LAUDERDALE FL 33335**

APPROVED  
AND  
FILED

96 MAR 18 AM 10:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24		29	

3. Date Incorporated or Qualified <b>02/28/1979</b>	3a. Date of Last Report <b>03/01/1995</b>
4. FEI Number <b>38-2262714</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	GROSS, T J	
STREET ADDRESS	16800 EXECUTIVE PLAZA DR, SUITE 950	
CITY-ST-ZIP	DEARBORN MI 48126	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RUTHERFORD, R L	
STREET ADDRESS	16800 EXECUTIVE PLAZA DR, SUITE 950	
CITY-ST-ZIP	DEARBORN MI	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LUCK, J.A.	
STREET ADDRESS	21300 NE 23RD AVE.	
CITY-ST-ZIP	N. MIAMI BCH. FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	TRACY, JOSEPH M	
STREET ADDRESS	836 N.W. 83RD DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	MATTINGLY, R C	
STREET ADDRESS	16800 EXECUTIVE PLAZA DR, STE 950	
CITY-ST-ZIP	DEARBORN MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wiggins, Terry	
1.3 STREET ADDRESS	16800 Executive Plaza Dr, Suite 950	
1.4 CITY-ST-ZIP	Dearborn, MI 48126	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	100001748271	
2.4 CITY-ST-ZIP	-03/19/96--01016--001	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	*****66.25 *****66.25	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Fabian, Renee A.	
4.3 STREET ADDRESS	2531 NE 15th Street	
4.4 CITY-ST-ZIP	Pompano Bch, FL 33062	
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 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1/16/96

(954) 587-8220

Date

Daytime Phone #

CR2E037 (12/95)