

Profit.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDAProfit
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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 33335-24503. Date Incorporated or Qualified
02/28/19793a. Date of Last Report
03/18/19964. FEI Number
38-2262714Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes 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

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
NAME WIGGINS, TERRY
STREET ADDRESS 16800 EXECUTIVE PLAZA DR, SUITE 950
CITY-ST-ZIP DEARBORN MI 48126TITLE V
NAME RUTHERFORD, R L
STREET ADDRESS 16800 EXECUTIVE PLAZA DR, SUITE 950
CITY-ST-ZIP DEARBORN MITITLE P
NAME LUCK, J.A.
STREET ADDRESS 21300 NE 23RD AVE.
CITY-ST-ZIP N. MIAMI BCH. FLTITLE ST
NAME FABIAN, RENEE A
STREET ADDRESS 2531 N.E. 15TH STREET
CITY-ST-ZIP POMPANO BEACH FL 33062TITLE AST
NAME MATTINGLY, R C
STREET ADDRESS 16800 EXECUTIVE PLAZA DR, STE 950
CITY-ST-ZIP DEARBORN MITITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A. Luck
President

1/3/97 (954) 587-8220

Daytime Phone # 0037694

CR2E037 (9/96)