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

FLORIDA DEPARTMENT OF STATE CORPORATION Jan 20 1998 8:00am Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS Secretary of State DOCUMENT # 842694 ATLANTIC FORD TRUCK SALES, INC. Principal Place of Business Mailing Address 2565 STATE ROAD 84 2565 STATE ROAD 84 P.O. BOX 22450 P.O. BOX 22450 FT LAUDERDALE FL 33335 FT LAUDERDALE FL 33335 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/28/1979 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 38-2262714 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Zip Country 8. This corporation owes or has paid the current year intangible 24 25 X Yes 29 □ Ño Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 **X** DELETE TITLE 1.1 TITLE Change Addition WIGGINS, TERRY NAME 12 NAME CR2E034 16800 EXECUTIVE PLAZA DR, SUITE 950 STREET ADDRESS 13 STREET ADDRESS **DEARBORN MI 48126** CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE **X** DELETE 2.1 TITLE Change Change ... Addition Dyll, George NAME RUTHERFORD, R L 2.2 NAME 16800 EXECUTIVE PLAZA DR, SUITE 950 STREET ADDRESS 2.3 STREET ADORESS 2230 NE 48+1 St. DEARBORN MI CITY - ST - ZIP 2.4 CITY-ST-ZIP Lighthouse Pt, FL DELETE TITLE 3.1 TITLE Change ___ Addition LUCK, J.A. NAME 3.2 NAME 21300 NE 23RD AVE. STREET ADDRESS 3.3 STREET ADDRESS N. MIAMI BCH. FL CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition FABIAN, RENEE A NAME 4. 2 NAME 2516 NE 26TH AVE. STREET ADDRESS 4,8 STREET ADDRESS LIGHTHOUSE POINT FL 33064 CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE Addition Change MATTINGLY, R C NAME 5.2 NAME 16800 EXECUTIVE PLAZA DR, STE 950 STREET ADDRESS 5.3 STREET ADDRESS DEARBORN MI CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE 6.1 TITLE ☐ Change ___ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attaching an appears.

REQUIRED President

115/98

(954)587-822D

SIGNATURE:

FILED