FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAY -1 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F29620** **(4)**

1. Corporation Name
MAROONE CHEVROLET, INC.

Principal Place of Business	Mailing Address
8600 PINES BLVD. PEMBROKE PINES FL 33024	8600 PINES BLVD. PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/24/1981	05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. Fei Number **59-2091114** ☐ 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 ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MAROONE, MICHAEL E **8600 PINES BLVD.** **PEMBROKE PINES FL 33024**	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(S) (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required for any change) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDT	11 TITLE	CHAIRMAN / DIRECTOR	☑ Change ☐ Addition
NAME	MAROONE, A E	12 NAME		
STREET ADDRESS	17915 FOXBOROUGH LN	13 STREET ADDRESS		
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP		
TITLE	VD	21 TITLE	PRESIDENT / DIRECTOR	☑ Change ☐ Addition
NAME	MAROONE, MICHAEL E	22 NAME		
STREET ADDRESS	2665 HACKNEY RD.	23 STREET ADDRESS		
CITY ST ZIP	FT. LAUDERDALE FL	24 CITY ST ZIP		
TITLE	STD	31 TITLE	:	ge ☐ Addition
NAME	MAROONE, MICHAEL E.	32 NAME		
STREET ADDRESS	2665 HACKNEY RD	33 STREET ADDRESS		
CITY ST ZIP	FT LAUDERDALE FL	34 CITY ST ZIP		
TITLE		41 TITLE	VICE PRESIDENT / CFO	☐ Change ☑ Addition
NAME		42 NAME	REESE, DONALD J.	
STREET ADDRESS		43 STREET ADDRESS	2082 EDGEWATER COURT	
CITY ST ZIP		44 CITY ST ZIP	FT. LAUDERDALE, FL. 33332	
TITLE		51 TITLE	VICE PRESIDENT	☐ Change ☑ Addition
NAME		52 NAME	HOBBEN, BRADLEY N.	
STREET ADDRESS		53 STREET ADDRESS	729 CRYSTAL COURT	
CITY ST ZIP		54 CITY ST ZIP	FT. LAUDERDALE, FL. 33326	
TITLE		61 TITLE	VICE PRESIDENT / GEN. MGR.	☐ Change ☑ Addition
NAME		62 NAME	GRAHAM, KENNETH	
STREET ADDRESS		63 STREET ADDRESS	410 ALEXANDRIA CIRCLE	
CITY ST ZIP		64 CITY ST ZIP	FT. LAUDERDALE, FL. 33326	

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald J. Reese VP, CFO — 4/28/95 — 433-3310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Telephone Number)
DONALD J. REESE

0097313 CP