

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

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F29620** (4)
1. Corporation Name
MAROONE CHEVROLET, INC.



Principal Place of Business
**450 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301**

Mailing Address
**450 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 110 SE Sixth St. Suite, Apt. #, etc. 22 City & State 23 Ft. Lauderdale, FL Zip 24 33301 Country 25 USA		2a. Mailing Address 26 110 SE Sixth St. Suite, Apt. #, etc. 27 City & State 28 Ft. Lauderdale, FL Zip 29 33301 Country 30 USA		3. Date Incorporated or Qualified 04/24/1981	
		4. FEI Number 59-2091114		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	HAWKINS, THOMAS W	1.2 NAME	Thomas W. Hawkins
STREET ADDRESS	450 E. LAS OLAS BLVD., #1200	1.3 STREET ADDRESS	110 SE Sixth St.
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	SD	2.1 TITLE	SD
NAME	COLE, JAMES O	2.2 NAME	James O. Cole
STREET ADDRESS	450 E. LAS OLAS BLVD., #1200	2.3 STREET ADDRESS	110 SE Sixth St.
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	P	3.1 TITLE	P
NAME	MARCONI, MICHAEL E	3.2 NAME	Michael E. Marcone
STREET ADDRESS	450 E. LAS OLAS BLVD., #1200	3.3 STREET ADDRESS	110 SE Sixth St.
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	T	4.1 TITLE	T
NAME	HYLE, KATHLEEN	4.2 NAME	Kathleen Hyle
STREET ADDRESS	450 E. LAS OLAS BLVD., #1200	4.3 STREET ADDRESS	110 SE Sixth St.
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: _____

2/17/98 954-7169-6000

CR2E034 (10/97)