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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F73614

(2)

FAIRWAY CHRYSLER-PLYMOUTH, INC.

Principal Place of Business Mailing Address 7530 S. ORANGE BLOSSOM TRAIL 7530 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32809 ORLANDO FL 32809-6902 3. Date Incorporated or Qualified 3a. Date of Last Report <u>03/25/1982</u> 12/02/1996 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 26 59-2179501 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032. 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MCCLELLAND, ROBERT E 7530 S. ORANGE BLOSSOM TR. 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32809 83 84 City Zip Code 65 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. I am familiar with and accept the obligations of Section 607 0505 Florida Statutes.

SIGNATURE

'ROBERT E. MCCLELLAND

5/22/97 registered agent and tille if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TIRE Change Addition MCCLELLAND, ROBERT E NAME 1.2 NAME 7530 S.ORANGE BLOSSOM TR STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32809 CHY - S1 - 7(P 1.4 CITY-ST-ZIP THUE DELETE Change Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - \$1 - ZIP 2. 4 CITY - ST - ZIP TIT.F ☐ DELETE Addition 3.1 TITLE Change NAMI 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP THEF DELETE 4.1 TITLE Change Addition 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-S1-7/2 4.4 CITY-ST-ZIP DELETE TiTLE Change 5.1 TITLE Addition HAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE THILE 6.1 TITLE Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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 comporation 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 charged, or on an attachment with an address.

E, MCCLELLAND

SIGNATURE:

ATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/22/97

FILED

May 28 1997 8:00am

Secretary of State

Daytime Phone # 0000008