

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

FILED

Apr 16 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 # **F81394** (1)

1. Corporation Name
DENNIS FRONRATH CHEVROLET, INC.

Principal Place of Business 310 SE 6TH AVE P O BOX 310 DELRAY BEACH FL 33483-5229	Mailing Address 310 SE 6TH AVE P O BOX 310 DELRAY BEACH FL 33483-5229
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4901 N. Federal Hwy. Suite, Apt. #, etc. 22 Suite 350 City & State 23 Ft. Lauderdale, FL Zip Country 24 33308 25 US	2a. Mailing Address 26 4901 N. Federal Hwy. Suite, Apt. #, etc. 27 Suite 350 City & State 28 Ft. Lauderdale, FL Zip Country 29 33308 30 US
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3. Date Incorporated or Qualified 05/05/1982	4. FEI Number 59-2196113	Applied For <input type="checkbox"/> 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

**DORER, ERIC J ESQ.
412 N.E. 4TH ST.
FT. LAUDERDALE FL 33301-1197**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable) 30 NE 3rd St.	
83	
84 City Ft. Lauderdale	85 Zip Code FL 33301

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRONRATH, DENNIS	1.2 NAME	
STREET ADDRESS	1300 N. FEDERAL HWY	1.3 STREET ADDRESS	4901 N. Federal Hwy., #350
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRONRATH, GARY	2.2 NAME	
STREET ADDRESS	1300 N FED HWY	2.3 STREET ADDRESS	4901 N. Federal Hwy., #350
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, BARBARA	3.2 NAME	
STREET ADDRESS	1300 N. FEDERAL HWY	3.3 STREET ADDRESS	4901 N. Federal Hwy., #350
CITY-ST-ZIP	FT. LAUDERDALE FL	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33308
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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

Barbara Williams 4-3-98 954-499-2072

CR2E034 (10/97)