2004 FOR PROFIT CORPORATION ANNUAL REPORT					FILED Apr 16, 2004 - 08:00 AN		
DOCUMENT # F81394 1. Entity Name DENNIS FRONRATH CHEVROLET, INC.				Secretary of State			
	e of Business ERAL HWY STE 204 ALE, FL 33308 US	Mailing Address 5353 N FEDERAL HWY STE 204 FT LAUDERDALE, FL 33308	US				
DO NOT WRITE IN THIS SPACE				D4112004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-2196113 Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required Fee Required			
	5. Name and Address of Current Re	gistered Agent	-	I			
5353 N. FE SUITE 204	RIC J ESQ. EDERAL HWY I IDERDALE, FL 33308	DO NOT WRITE IN THIS SPACE					
the obligat SIGNATURE FIL After Ma	named entity submits this statement for th ions of registered agent. Sprature, typed or printed name of registered agent and E NOWIII FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Ille I applicable, (NOTE: Registered 9. Election Campaign Finance Trust Fund Contribution.	Agont signature roquired		th, in the State of F		
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI DV FRONRATH, GARY 5353 N FEDERAL HWY STE 204 FORT LAUDERDALE, FL 33308	RECTORS			U00001 04/16/04	0115457 -90025-004 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY - ST - ZIP					NOT W THIS SI		
TITLE NAME STREET ADDRESS CITY-ST-20P TITLE				•			
NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby a indicated of the cor changed.	certify that the information supplied with th on this report or supplemental report is to poration or the receiver or trustee empow or on an attachment with an address, with	is filing does not qualify for the exen up and accurate and that my signate red to execute this report as require read other like emoowered.	nption stated in Se ire shall have the ed by Chapter 607	ection 119.07(3) same legal effe 7, Florida Statute	(i), Florida Statutes ct as if made under as, and that my nar	. I further certify that the information roath, that I am an officer or director ne appears in Block 10 or Block 11 if	
SIGNAT	URE:	TED NAME OF SCHUG OFFICER OF DIRECT		<u></u>	4-13-04 Date	9 54-459-3973 Deptore Proce A	