

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

FILED

**May 16 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000000066 (1)
1. Corporation Name
FLORIDA DETROIT DIESEL-ALLISON NORTH, INC.



Principal Place of Business 5040 UNIVERSITY BLVD., WEST JACKSONVILLE FL 32216 US	Mailing Address P.O. BOX 16585 JACKSONVILLE FL 32245-6585
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 01/06/1993	3a. Date of Last Report 04/01/1996
4. FEI Number 38-3078921	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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. 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	

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

TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	CATTO, MICHAEL L.
STREET ADDRESS	1343 GROSVENOR SQ
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	V <input type="checkbox"/> DELETE
NAME	LITTLEFELD, PHIL
STREET ADDRESS	6750 EPPING FOREST WAY N #108
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	WALQUIST, LEE J.
STREET ADDRESS	13400 OUTER DRIVE WEST
CITY-ST-ZIP	DETROIT MI
TITLE	S <input type="checkbox"/> DELETE
NAME	FARMER, JOHN F
STREET ADDRESS	13400 OUTER DR., WEST
CITY-ST-ZIP	DETROIT MI 48239
TITLE	AS <input type="checkbox"/> DELETE
NAME	JONES, SUSAN K.
STREET ADDRESS	3237 FISH HAWK COURT
CITY-ST-ZIP	GREEN COVE SPRINGS FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LEE WALQUIST
1.3 STREET ADDRESS	4141 S.W. 30TH AVENUE
1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33312
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 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: *Susan K. Jones* **SUSAN K. JONES** ASSISTANT SECRETARY 4/30/97 904-737-7330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)