

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000001226 (0)

1. Corporation Name

SELECT AUTOMOTIVE HOLDINGS, INC.



Principal Place of Business

466 LEXINGTON AVENUE
NEW YORK NY 10017

Mailing Address

6000 MONROE RD.
SUITE 100
CHARLOTTE NC 28212

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/05/1993		3a. Date of Last Report 01/27/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 56-1818736		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		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

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 other (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	1.1 TITLE	
NAME	POMERANTZ, ERNEST	1.2 NAME	
STREET ADDRESS	466 LEXINGTON AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	ST/VP
NAME	LINNEMAN, CHRISTOPHER	2.2 NAME	John D. Santoleri
STREET ADDRESS	466 LEXINGTON AVENUE	2.3 STREET ADDRESS	466 Lexington Avenue
CITY-ST-ZIP	NEW YORK NY 10017	2.4 CITY-ST-ZIP	New York, NY 10017
TITLE	D	3.1 TITLE	
NAME	LAPIDUS, SIDNEY	3.2 NAME	
STREET ADDRESS	466 LEXINGTON AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	Assistant Secretary
NAME	HUZI, JAMES F	4.2 NAME	James F. Huzl
STREET ADDRESS	6000 MONROE RD., SUITE 100	4.3 STREET ADDRESS	6000 Monroe Road, Suite 100
CITY-ST-ZIP	CHARLOTTE NC 28212	4.4 CITY-ST-ZIP	Charlotte, NC 28212
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

JAMES F. HUZI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/15/96

Date

(704) 568-5550

Daytime Phone #

CR2E034 (12/95)