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FILED

Apr 23 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

486 LEXINGTON AVENUE  
NEW YORK NY 10017

Mailing Address

6000 MONROE RD.  
SUITE 100  
CHARLOTTE NC 28212-6175

3. Date Incorporated or Qualified  
03/05/1993

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number  
56-1818736

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ 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  
CORPORATION SERVICE COMPANY  
82 Street Address (P.O. Box Number is Not Acceptable)  
1201 HAYS STREET  
83  
84 City  
TALLAHASSEE FL 85 Zip Code  
32301

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

*Shirley M. White*  
Signature typed or printed name of registered agent and fee, if applicable

Authorized Representative 4/16/97  
(NOTE: Registered Agent's signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS POMERANTZ, ERNEST  
CITY-ST-ZIP 486 LEXINGTON AVENUE  
NEW YORK NY 10017

TITLE ☐ DELETE  
NAME STVP  
STANTOLERI, JOHN D  
STREET ADDRESS 486 LEXINGTON AVENUE  
CITY-ST-ZIP NEW YORK NY

TITLE ☐ DELETE  
NAME D  
LAPIDUS, SIDNEY  
STREET ADDRESS 486 LEXINGTON AVENUE  
CITY-ST-ZIP NEW YORK NY 10017

TITLE ☐ DELETE  
NAME AS  
HUZL, JAMES F  
STREET ADDRESS 6000 MONROE RD., SUITE 100  
CITY-ST-ZIP CHARLOTTE NC

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

*James F. Huzl*

JAMES F. HUZL

04/03/97

(704) 568-5550

CR2E034 (9/96)