

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000005049 (2)**

1. Corporation Name

CENTRAL FLORIDA MOTOR SALES, INC.



Principal Place of Business

Mailing Address

3800 W. COLONIAL DR.
ORLANDO FL 32808
US

3800 W. COLONIAL DR.
ORLANDO FL 32808
US

3. Date Incorporated or Qualified
11/08/1993

3a. Date of Last Report
05/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number
59-3206015

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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent (Block 12) or agent (Block 13)

(Block 13) Registered Agent's signature and name (Block 13)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PV	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIVIGLIA, JOSEPH A. J	12. NAME	
STREET ADDRESS	3800 W. COLONIAL DR.	13. STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	14. CITY-STATE-ZIP	
TITLE	ST	2. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, MILLIE	22. NAME	
STREET ADDRESS	3800 W. COLONIAL DR.	23. STREET ADDRESS	
CITY-STATE-ZIP	ORLANDO FL	24. CITY-STATE-ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-STATE-ZIP		34. CITY-STATE-ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

1. TITLE		2. TITLE	
2. NAME		22. NAME	
3. STREET ADDRESS		23. STREET ADDRESS	
4. CITY-STATE-ZIP		24. CITY-STATE-ZIP	
5. TITLE		3. TITLE	
6. NAME		32. NAME	
7. STREET ADDRESS		33. STREET ADDRESS	
8. CITY-STATE-ZIP		34. CITY-STATE-ZIP	
9. TITLE		4. TITLE	
10. NAME		42. NAME	
11. STREET ADDRESS		43. STREET ADDRESS	
12. CITY-STATE-ZIP		44. CITY-STATE-ZIP	
13. TITLE		5. TITLE	
14. NAME		52. NAME	
15. STREET ADDRESS		53. STREET ADDRESS	
16. CITY-STATE-ZIP		54. CITY-STATE-ZIP	
17. TITLE		6. TITLE	
18. NAME		62. NAME	
19. STREET ADDRESS		63. STREET ADDRESS	
20. CITY-STATE-ZIP		64. CITY-STATE-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 change, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSEPH A. SIVIGLIA, JR. PRESIDENT

2/27/96

407-298-4500

CR2E034 (12/95)