

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

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000000093 (4)
 1. Corporation Name
PERRY FORD-MERCURY, INC.



Principal Place of Business 2441 S. BYRON-BUTLER PARKWAY PERRY FL 32347	Mailing Address 2441 S. BYRON-BUTLER PARKWAY PERRY FL 32347
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 22. City & State	27 27. City & State
23 23. Zip	28 28. Zip
24 24. Country	30 30. Country

3. Date Incorporated or Qualified 01/06/1994	
4. FEI Number 59-3216193	Applied For <input type="checkbox"/> 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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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
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	P	<input type="checkbox"/> DELETE
NAME	ANTRUM, CHARLES A	
STREET ADDRESS	RT 4 BOX 126	
CITY-ST-ZIP	PERRY FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	KILBRIDE, B L	
STREET ADDRESS	300 RENAISSANCE CENTER	
CITY-ST-ZIP	DETROIT MI 48243	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DORMAN, SHARRON G.	
STREET ADDRESS	RT 5, BOX 420	
CITY-ST-ZIP	PERRY FL	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	KATARIA, B P	
STREET ADDRESS	300 RENAISSANCE CENTER	
CITY-ST-ZIP	DETROIT MI 48243	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	W. H. Heitjan	
1.3 STREET ADDRESS	1455 Lincoln Parkway, Suite #50	
1.4 CITY-ST-ZIP	Atlanta, GA 30346	
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	AST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	W. A. Creamer	
4.3 STREET ADDRESS	300 Renaissance Center	
4.4 CITY-ST-ZIP	Detroit MI 48243	
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	800002465618	
6.3 STREET ADDRESS	-03/23/98--01074--035	
6.4 CITY-ST-ZIP	***150.00	

14. I 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: *Sharon G. Dorman* 3-10-98 850/584-6178

CP2E034 (10/97)