

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 # F94853 (1)

1. Corporation Name

CARUSO CHRYSLER PLYMOUTH JEEP EAGLE, INC.



Principal Place of Business

**1750 SOUTHSIDE BLVD.
JACKSONVILLE FL 32216**

Mailing Address

**P.O. BOX 16129
JACKSONVILLE FL 32245**

3. Date Incorporated or Qualified

09/01/1982

3a. Date of Last Report

04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 **1750 Southside Blvd.**

26 **P. O. Box 16129**

4. FEI Number

59-2213687

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Jacksonville., FL.

28 City & State

Jacksonville, FL.

24 Zip

32216

Country

USA

29 Zip

32245

Country

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARUSO, J.E.
345 PONTE VEDRA BLVD.
PONTE VEDRA BCH FL 32082**

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, type or print name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARUSO, JOHN E.	
STREET ADDRESS	345 PONTE VEDRA BLVD.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CARUSO, JO ANN	
STREET ADDRESS	345 PONTE VEDRA BLVD.	
CITY-ST-ZIP	PONTE VEDRA BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CARUSO, JOHN M.	
STREET ADDRESS	2135 IVYGAIL DR.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHASHY, LAURIE C.	
STREET ADDRESS	1750 SOUTHSIDE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MILLER, KATHLEEN J	
STREET ADDRESS	1750 SOUTHSIDE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MILLER, KATHLEEN J.	
STREET ADDRESS	1750 SOUTHSIDE BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96 (904) 725-7300
Date Define Phone

CR2E034 (12/95)