

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **F95000004764 (5)**

1. Corporation Name

**PENSKE AUTO CENTERS, INC.**

Principal Place of Business

3270 W. BIG BEAVER RD  
#130  
TROY MI 48064

Mailing Address

3270 W. BIG BEAVER RD  
#130  
TROY MI 48064

98 NOV 30 AM 10: 57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/02/1995**

4. FEI Number  
**38-3253068**

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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 607.1508, 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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME **D PENSKE, ROGER S**  
STREET ADDRESS **13400 OUTER DRIVE WEST**  
CITY-STATE-ZIP **DETROIT MI 48239**

TITLE ☐ DELETE  
NAME **CEO PENSKE, ROGER S JR**  
STREET ADDRESS **3270 W. BIG BEAVER RD #130**  
CITY-STATE-ZIP **TROY MI 48064**

TITLE ☐ DELETE  
NAME **CFO PETERSON, ROBERT T. J. Randall Lawrence**  
STREET ADDRESS **3270 W. BIG BEAVER RD #130**  
CITY-STATE-ZIP **TROY MI 48064**

TITLE ☐ DELETE  
NAME **PD FINDLAY, TIMOTHY E**  
STREET ADDRESS **3270 W. BIG BEAVER RD #130**  
CITY-STATE-ZIP **TROY MI 48064**

TITLE ☐ DELETE  
NAME **VGCS KURNICK, ROBERT H JR**  
STREET ADDRESS **3270 W. BIG BEAVER RD #130**  
CITY-STATE-ZIP **TROY MI 48064**

TITLE ☐ DELETE  
NAME **D PETERS, RICHARD J**  
STREET ADDRESS **13400 OUTER DRIVE WEST**  
CITY-STATE-ZIP **DETROIT MI 48239**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **900002707539--0**  
2.4 CITY-STATE-ZIP **-12/09/98--01074--035**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME **CFO J. Randall Lawrence**  
3.3 STREET ADDRESS **Same**  
3.4 CITY-STATE-ZIP

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

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

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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:

**SIGNATURE REQUIRED**

11-24-98

248-614-1119

CR2E034 (5/98)

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November 20, 1998

Florida Dept. of State  
Division of Corporations  
Annual Reports Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

**RE: Annual Report - Acct #F95000004764 (5)**

Dear Sir or Madam:

As you can see by the enclosed information, we filed our report and paid the \$150.00 fee long before the original due date. Upon receipt of the 2<sup>nd</sup> notice, Diana Smith (who is no longer with the company as of 9/1/98) called on 7/1/98 explaining that the annual report was filed the end of March.

Until we received the 'notice of dissolution', we had no knowledge that the annual report was not received by your office. Unfortunately, we are unable to locate the file that contains the original form and upon contacting our bank, we have found that check #31597 dated 3/25/98 was never cashed. Please accept the enclosed information as proof that the annual report was originally filed on time.

If the enclosed information is not sufficient evidence that this fee was paid on time, please call me at (248) 614-1107.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Joellen Walker'.

Joellen Walker  
Tax Associate

Enclosures