

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90105 022 ***150.00

DOCUMENT # F97000006236

1. Corporation Name

UAG KISSIMMEE MOTORS, INC.

Principal Place of Business
2535 N. ORANGE BLOSSOM TR.
KISSIMMEE FL 34744

Mailing Address
C/O M. SCHWARTZBARD & ASSOC.
354 EISENHOWER PKWY., SUITE 1600
LIVINGSTON NJ 07039-1023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/25/1997

4. FEI Number

58-2361341

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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	CEOP	<input type="checkbox"/> DELETE
NAME	COGAN, MARSHALL S	
STREET ADDRESS	375 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10152	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	NELSON, ROBERT H	
STREET ADDRESS	375 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10152	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	WINTERS, KARL H	
STREET ADDRESS	375 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10152	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	SMITH, PHILIP N JR	
STREET ADDRESS	375 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10152	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DAVIDSON, JAMES R	
STREET ADDRESS	375 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10152	
TITLE	AVS	<input type="checkbox"/> DELETE
NAME	KING, TAMBRA S	
STREET ADDRESS	375 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10152	

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 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, with all other like empowered.

SIGNATURE: *Tamara S. King*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/99

212-231-0483

CR2E034 (11/98)