2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F97000006236

1. Entity Name
UAG KISSIMMEE MOTORS, INC.

Principal Place of Business	Mailing Address
2535 N. ORANGE BLOSSOM TR. KISSIMMEE, FL 34744	2555 TELEGRAPH RD. BLOOMFIELD HILLS, MI 48302-0954

DO NOT WRITE IN THIS SPACE

04012004   No Chg-P   CR2E034 (10/03)

4. FEI Number
58-2361341

Applied For
Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE_____
Signature typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 After May 1, 2004 Fee will be $550.00	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	KURNICK, ROBERT H JR
STREET ADDRESS	2555 TELEGRAPH RD.
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 483020954

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05/25/04-80001-001 150.00

TITLE	DT
NAME	DAVIDSON, JAMES R
STREET ADDRESS	ONE HARMON PLAZA 9TH FL
CITY-ST-ZIP	SECAUCUS, NJ 07094

TITLE	PC
NAME	CARTER, ROGER
STREET ADDRESS	2535 N ORANGE BLOSSOM TR
CITY-ST-ZIP	KISSIMMEE, FL 34744

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TITLE	VP
NAME	WOLFE, BERNHARD W
STREET ADDRESS	2555 TELEGRAPH RD.
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 483020954

TITLE	AS
NAME	FEHER, MAGGIE
STREET ADDRESS	2555 TELEGRAPH RD.
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 483020954

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Maggie Feher_ Maggie Feher, Asst. Sec. 4/1/04 248-648-2517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #