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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F98000006028**

1. Corporation Name
AUTONATION FLOOR PLAN FUNDING CORP.

Principal Place of Business: 110 SE 6TH ST FT LAUDERDALE FL 33301
 Mailing Address: 110 SE 6TH ST FT LAUDERDALE FL 33301



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/29/1998

2. Principal Place of Business: 20th Floor
 2a. Mailing Address: 20th Floor
 22. Suite, Apt #, etc: 20th Floor
 27. Suite, Apt #, etc: 20th Floor
 23. City & State
 24. Zip 25. Country 29. Zip 30. Country

4. FEI Number: **65-0870729**
 Applied For: Yes No
 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

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

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	HYLE, KATHLEEN W	
STREET ADDRESS	200 S. ANDREWS AVE, 11TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COLE, JAMES O	
STREET ADDRESS	110 SE 6TH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILSON, LELAND F	
STREET ADDRESS	200 S. ANDREWS AVE, 10TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BILOTTA, FRANK B	
STREET ADDRESS	2 WALL ST	
CITY-ST-ZIP	NEW YORK NY 1005	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOESE, JENNIFER L	
STREET ADDRESS	200 S. ANDREWS AVE, 10TH FLOOR	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SORENSEN, PETER H	
STREET ADDRESS	2 WALL ST	
CITY-ST-ZIP	NEW YORK NY 10005	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P, D
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VP, D
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: _____ DATE: 1/22/99 DAYTIME PHONE #: (954) 7169-6000

CR2E034 (11/98)