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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

MIKE SMITH PONTIAC GMC, INC.

FILED Mar 10 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address	
84 BUSINESS PARK DRIVE STE 103 ARMONK NY 10504	84 BUSINESS PARK DRIVE Suite 103 Armonk ny 10504	DO NOT WRITE IN THIS SPACE
IIS	118	3. Date Incorporated or Qualified

						12/29/1982		
2. Principal Place of Business		2a. Mailing Add	2a. Mailing Address		-	4. FEI Number		Applied For
21		26				59-2349861		Not Applicable
Suite, Apt.	#, etc.	Suile, Apt.	#, etc.			6. Certificate of Status Desired		5 Additional Required
City & Stat	е	City & State	0			6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees
Zip 24	Country 25	7ip 29	30	Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
	9. Name and Address of Cu	rrent Registered Agent		Γ		10. Name and Address of New Registered Ag-	ent	
MAJET, JUIN			81					
			82	82 Street Address (P.O. Box Number is Not Acceptable)				

101 NORTH MONROE STREET TALLAHASSEE FL 32301

	reisonal rioperty lax due done do. 12 los 210
Т	10. Name and Address of New Registered Agent
81	Name
82	Street Address (P.O. Box Number is Not Acceptable) Highpoint Center 12 IF Floor
83	106 East College Avenue
84	FI 85 Zip Code

11. Pursuant to the provisions of Sections 607 0502 and 607, 1508, Florida Statules, the above-named corporation submits this statement for the purpose of changing its registered

agent. I an	ngamiliar with, and accept the obligations	of, Section 607.0505, F	lorida Statutes.	tions board of directors, in	lereby accept the ap	pontinent as	registered
SIGNATURE	Signature, typind or photoit name of registered agent and t	ite it applicable (NC	TE Registered Agent signature requi	red when reinstating)	DATE	_ 	
12.	OFFICERS AND DIR	FCTORS	13.	ADDITIONS/CHANGI	S TO OFFICERS AN	ID DIRECTOR	S IN 12
TITLE	P	DELETE	1.1 TITLE			Change	Addition
NAME	GINSBURG, JEROME Z.		1.2 NAME			•	
STREET ADDRESS	886 RIVERSIDE DR.		1.3 STREET ADDRESS				
CITY - ST - ZIP	ORMOND BEACH FL		1.4 CITY - \$1 - 2IP				
TITLE	\$	DELETE	21 TITLE			Change	Additio
NAME	GINSBURG, MERLE		2.2 NAME				
STREET ADDRESS	886 RIVERSIDE DR.		2.3 STREET ADDRESS				
CITY-ST-ZIP	ORMOND BEACH FL		2 4 CFTY-ST-ZIP				1.1
TITLE	V	DELF TE	3 1 TITLE		1.0	Change	Additio
NAME	RICHARDS, PAUL J.		3 2 NAME				
STREET ADDRESS	15 PINE BROOK DRIVE		3 3 STREET ADDRESS				
CITY-ST-ZIP	WHITE PLAINS NY		3.4. CITY-ST-ZIP				
TITLE	•	☐ DELETE	4.1 TITLE			Change	Additio
NAME			. 4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY - ST - ZIP				1
TITLE		DELETE	5.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Change	Additio
NAME			5 2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY - ST - 71P				· .
TITLE		DELETE	6.1 TITLE			Change	Additio
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADORESS				
1							

14. Thereby 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 enhual report or supplicemental 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 of the reviewer or unstacked enounced to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if or an an atriaghny fit with any others.