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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # G25361 (8)

1. Corporation Name

GARY FRONRATH JEEP-EAGLE, INC.

Principal Place of Business
1300 N. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33304

Mailing Address
1300 N. FEDERAL HIGHWAY
FORT LAUDERDALE FL 33304-1428

3. Date Incorporated or Qualified
02/24/1983

3a. Date of Last Report
04/03/1996

2. Principal Place of Business
21 1350 N. Federal Hwy.

2a. Mailing Address

22 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

23 Ft. Lauderdale, FL

28 City & State

24 Zip 33304

Country

25 Broward

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SHANNON, MICHAEL SEAN, ESQ.
1300 NORTH FEDERAL HIGHWAY
FORT LAUDERDALE FL 33304

81 Name

Eric J. Dorer

82 Street Address (P.O. Box Number is Not Acceptable)

412 NE Fourth St.

83

84 City Ft. Lauderdale

FL

85 Zip Code 33301

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME FRONRATH, GARY R
STREET ADDRESS 1300 N FEDERAL HWY
CITY-ST-ZIP FT LAUDERDALE, FL 00000

TITLE DV
NAME DEAN, ROGER H
STREET ADDRESS 1300 N FEDERAL HWY
CITY-ST-ZIP FT LAUDERDALE, FL 00000

TITLE DS
NAME WILLIAMS, BARBARA
STREET ADDRESS 1300 N FEDERAL HWY
CITY-ST-ZIP FT LAUDERDALE, FL 00000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

Barbara Williams

Barbara Williams

4-2-97

954-489-3973

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0200851

CR2E034 (9/96)