FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 PM 12:08

DOCUMENT # G25688 (4)

1. Corporation Name
HAYDEN-ROYAN HOLLYWOOD FORD, INC.

Principal Place of Business	Mailing Address
30725 S. FEDERAL HWY. HOMESTEAD FL 33090	30725 S. FEDERAL HWY. HOMESTEAD FL 33090

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/28/1983
3a. Date of Last Report: 03/08/1994

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 c/o P.O. Box 401489
Suite, Apt. #, etc.
27
City & State
28 HOMESTEAD, FL
Zip 29 33040 Country 30

4. FEI Number: 59-2291648 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DE CLAIRE, GEORGE F.
~~700 S FEDERAL HWY, STE 200~~
~~PO BOX 40~~ DRAWER
BOCA RATON FL 33429

10. Name and Address of New Registered Agent

91 Name: GEORGE F. DeCLAIRE
92 Street Address (P.O. Box Number is Not Acceptable)
Suite 100, Via MIZNER FINANCIAL PLAZA
93 798 S. FEDERAL HWY, P.O. BOX 40 DRAWER
94 City: BOCA RATON FL 95 Zip Code: 33429

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] FEB 17, 1995
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	KATHLEEN, UNGER	1.2 NAME	
STREET ADDRESS	606 NW 112TH WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HAYDEN, NANCY	2.2 NAME	
STREET ADDRESS	12400 CLASSIC DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	HAYDEN, JOSEPH	3.2 NAME	
STREET ADDRESS	12400 CLASSIC DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	LEE, BRUCE R	4.2 NAME	
STREET ADDRESS	16891 SW 278 ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] 2/15/95 (305) 247-5127
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #
JOSEPH P. HAYDEN, PRES.

0000044 CP