FILE NOW: FILING FEE AFTER MAY 1 IS \$55D.00

PROFIT CORPORATION **ANNUAL REPORT**

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G25688

(4)

HAYDEN-ROYAN HOLLYWOOD FORD, INC.

FILED May 06 1997 8:00am Secretary of State

4/28/50

						81611 BJ811 BJ811 BJ811 ALBIT BJ813 1881
Principal Place	of Business	Mailing Address		- E 1692/41 DOSA 11001 DILLA BLIDI ABIDI IDIL ALBIH ELBIH RIDIL ALBIH BKDIL ABIDI		
80725 S. FEDERAL HWY. HOMESTEAD FL 33080		PO BOX 901489 HOMESTEAD FL 33080-1489 US				
		•			 Date Incorporated or Qualified 02/28/1983 	3a. Date of Last Report 02/23/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2291648	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Žip 24	Country 25	7ip 29	30]	untry	8. This corporation has liability for i	ntangible tax under s. 199.032,] Yes - \[\] No
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
DE CLAIRE, GEORGE F. 798 S FEDERAL HWY STE 100			81 Name			
PO DE			82 Street Address (P.O. Box Number is Not Acceptable)			
BOCA	RATON FL 33429			83		
				LBAL City		DE Zin Codo

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, typed or printed name of registered agent and title it applicable (NOTE Registered Agent aignature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELLITE TITLE Change Addition 1.1 THUE KATHLEEN, UNGER NAME 1.2 NAME **608 NW 112TH WAY** STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 1.4 CHTY - \$1 - 7/P DELETE TITLE 2.1 TILL Change Addition HAYDEN, NANCY NAME 2.2 NAME 12400 CLASSIC DR. STREET ADDRESS 2.3 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 2. 4 CITY - ST - ZIF DELF 1E TITLE 3.1 THILE Change Addition HAYDEN, JOSEPH NAME 3.2 NAME 12400 CLASSIC DR. STREET ADDRESS 3.3 STREET ADDRESS **CORAL SPRINGS FL** CITY-ST-ZIP 3.4 CITY-ST-7IP DELFTE TITLE Change 4.1 TILLE Addition LEE, BRUCE R NAME 4, 2 NAME 16891 SW 278 ST. STREET ADDRESS 4.3 STREET ADDRESS HOMESTEAD FL CITY-ST-ZIP 4.4 CHY-S1-ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-SY-ZIP 5.4 CHY-S1-ZIP DELETE TITLE Change Addition 6.1 THEF NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - S1 - 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 copy of 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 porporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name