

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H44250

(9)

1. Corporation Name

HOLIDAY AUTO MART, INC.

1997 OCT 13 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

5510 RIVER RD
#202
NEW PORT RICHEY FL 34652

Mailing Address

5510 RIVER RD
#202
NEW PORT RICHEY FL 34652

2. Principal Place of Business

2a. Mailing Address

26 40 STONEGATE S.

Suite, Apt. #, etc.

27

City & State

28 LONGWOOD FL

Zip

Country

29 32779

30 USA

9. Name and Address of Current Registered Agent

ADAMS, DENNIS D.
40 STONEGATE S.
LONGWOOD FL 32779

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

Signature of officer or person named as registered agent and to whom it shall

be filed. Registered Agent's signature required when changing

12. OFFICERS AND DIRECTORS

TITLE VPT

NAME ADAMS, DEBRA
STREET ADDRESS 40 STONEGATE S.
CITY-ST-ZIP LONGWOOD FL 32779

TITLE PS

NAME ADAMS, DENNIS
STREET ADDRESS 40 STONEGATE S.
CITY-ST-ZIP LONGWOOD FL 32779

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

200002321882-85

-10/16/97--01064--020

****750.00 ****750.00

REINSTATEMENT

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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

1/10/97 407 507 N/12

CR2E034 (4/97)