FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # H60107

(0)

CURRIE-HOPKINS CHRYSLER PLYMOUTH DODGE, INC.					
				Date Incorporated or Qualified	
				05/29/1985	05/01/1995
2. Principal Pla	ice of Business	2a. Mailing Address		4. FEI Number	Applied For
11		26		59-2588966	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28] Zip	Country	Trust Fund Contribution 8. This corporation has liability for inter	Added to Fees
4	25	29	30	Florida Statutes Yes	
<u> </u>	g. Name and Address of Curi	L L	LEFT	10. Name and Address of New Regi	stered Agent
			81 Name		
CURRIE, W.E. III 5815 N. DALE MABRY HWY.			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	<u> </u>
TAMPA FL 33614			83		
			84 City		85 Zip Code
					FL 13 Exposes
or registers	o the provisions of Sections burions ed agent, or both, in the State of Fl h, and accept the obligations of, Si	onda. Such change was authori	zed by the corporation's boa	ration submits this statement for the purpos rd of directors. I hereby accept the appointr	e of changing its registered office nent as registered agent. I am
SIGNATURE _					
	Signature, typied or por teo manu, of registered as		ici E. Rigistered Agent signature regione		DATE
12.	DV	AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12 Change Addition
NAME	CURRIE, W. E., JR.		12 NAME		Onlingo Floorison
STREET ADDRESS	5815 N. DALE MABRY		13 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		14 CHY ST ZIF		
TITLE	DP	DELETE	2 1 11116		Change Addition
NAME	CURRIE, W. E., III		2.2 NAME		
STREET ADDRESS	5815 N. DALE MABRY		2.3 STREET ADDRESS		
CiTY - ST - ZIP	TAMPA FL		2.4 CIFY - ST - ZIP		
TITLE	ST	☐ DELETE	3 1 TIFLE		Change Addition
NAME	SHEA, JOHN		3 2 NAM€		
STREET ADDRESS	5815 N. DALE MABRY		3.3 STREET ADDRESS		
CITY ST-ZIF	TAMPA FL V	DELETE	3.4 CITY ST-ZIP 4.1 TITLE		Change Addition
NAME	PETERMAN, DORSEY		4 7 111CF 4 2 NAME		Cuande T vanigati
STREET ADDRESS	5815 N. DALE MABRY		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CIFY-ST-ZIF		
THUE	71 m701 F 1 F %	☐ DELETE	5 1 TIFLE		Change Addition
NAMÉ			5 2 NAME		
STREET ADDRESS			5 3 STHEET ADDRESS		
CITY-ST-ZIP			5 4 0(1) - \$1 - ZIF		<u> </u>
TITLE		☐ DELETE	6 THLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CiTY - ST - Zif'	and the short that the		6 4 CHY - S1 - 24F	<u> </u>	
certify that	the information indicated on this a	nnual report or supplemental an	nual report is true and accura	or the exemption stated in Section 119.07(ate and that my signature shall have the san is report as required by Chapter 607, Florida	ne legal offect as if made under

SIGNATURE:

CHATURE AND TYPES OF ARINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 17, 96, 770-479, 2115

CR2E034 (12/95