

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H95013 (9)**  
1. Corporation Name  
**SKS AUTOMOTIVE GROUP, INC.**



Principal Place of Business: **1736 CASSAT AVE. JACKSONVILLE FL 32210**  
Mailing Address: **1736 CASSAT AVE. JACKSONVILLE FL 32210**

2. Principal Place of Business: **21** Suite, Apt. #, etc  
**22** City & State  
**23** Zip  
**24** Country  
2a. Mailing Address: **26** Suite, Apt. #, etc  
**27** City & State  
**28** Zip  
**29** Country  
**30**

3. Date Incorporated or Qualified: **01/21/1986**  
3a. Date of Last Report: **06/29/1995**  
4. FEI Number: **59-2674284** 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  
6. This corporation has liability for intangible tax under s. 199.032 Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**SMATHERS, BRUCE A.  
1301 GULF LIFE DRIVE, #214  
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent  
**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: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	SMATHERS, GEORGE A.	
STREET ADDRESS	30 INDIAN CREEK ISLAND	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	VDMS	<input type="checkbox"/> DELETE
NAME	SMATHERS, BRUCE A.	
STREET ADDRESS	4051 TIMUQUANA RD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TDV	<input type="checkbox"/> DELETE
NAME	HOANG, JOHN T.	
STREET ADDRESS	5240 DUKE ST., #211	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	KEASLER, FRANK R., SR	
STREET ADDRESS	159 SALT WINDS CIR	
CITY-ST-ZIP	NEPTUNE BCH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *George A. Smathers CEO* *Bruce A. Smathers CEO* 7/20/96 381 7792  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)