

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H96754** (7)  
1. Corporation Name  
**FLORIDA CHRYSLER-PLYMOUTH, INC.**



Principal Place of Business <b>541 S. MILITARY TRAIL WEST PALM BEACH FL 33415</b>	Mailing Address <b>541 S. MILITARY TRAIL WEST PALM BEACH FL 33415</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>01/29/1986</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-2676162</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent <b>DOUGLAS E. THOMPSON 4524 GUN CLUB RD., STE 101 WEST PALM BEACH FL 33415</b>				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE  **DOUGLAS E. THOMPSON** **01/26/98**  
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	<b>PSB</b>	<input checked="" type="checkbox"/> DELETE		11 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>STALUPPI, JOHN</b>			12 NAME	<b>NELSON, ROBERT H</b>		
STREET ADDRESS	<b>551 S MILITARY TRAIL</b>			13 STREET ADDRESS	<b>375 PARK AVENUE 22nd FLOOR</b>		
CITY-ST-ZIP	<b>W PALM BCH FL</b>			14 CITY-ST-ZIP	<b>NEW YORK, NY 10152</b>		
TITLE		<input type="checkbox"/> DELETE		21 TITLE	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				22 NAME	<b>PROVENZO, NICHOLAS C</b>		
STREET ADDRESS				23 STREET ADDRESS	<b>551 SOUTH MILITARY TRAIL</b>		
CITY-ST-ZIP				24 CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33415</b>		
TITLE		<input type="checkbox"/> DELETE		31 TITLE	<b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				32 NAME	<b>SMITH, JR. PHILIP N</b>		
STREET ADDRESS				33 STREET ADDRESS	<b>375 PARK AVENUE 22ND FLOOR</b>		
CITY-ST-ZIP				34 CITY-ST-ZIP	<b>NEW YORK, NY 10152</b>		
TITLE		<input type="checkbox"/> DELETE		41 TITLE	<b>TD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				42 NAME	<b>WINTERS, KARL H</b>		
STREET ADDRESS				43 STREET ADDRESS	<b>375 PARK AVENUE 22ND FLOOR</b>		
CITY-ST-ZIP				44 CITY-ST-ZIP	<b>NEW YORK, NY 10152</b>		
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

14. I 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 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  **NICHOLAS C. PROVENZO**  
VICE PRESIDENT

01/26/98 (561) 682-7100

CR2E034 (10/97)