


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Sep 10, 2004 08:00 AM
Secretary of State**

DOCUMENT # H96754 1. Entity Name FLORIDA CHRYSLER-PLYMOUTH, INC.	
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Principal Place of Business 541 S. MILITARY TRAIL WEST PALM BEACH, FL 33415	Mailing Address 541 S. MILITARY TRAIL WEST PALM BEACH, FL 33415
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07122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2676162	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

DO NOT WRITE
IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIDSON, JAMES R ONE HARMON PLAZA 9TH FLOOR SECAUCUS, NJ 07096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KURNICK, ROBERT H 13400 OUTER DR. W. DETROIT, MI 482394001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GROSSO, GLENN 551 SOUTH MILITARY TRAIL WEST PALM BEACH, FL 33415
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIDSON, JAMES R ONE HARMON PLAZA 9TH FLOOR SECAUCUS, NJ 07096
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS KURNICK, ROBERT H 13400 OUTER DR. W. DETROIT, MI 482394001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP DIFEO, SAM X JR. ONE HARMON PLAZA 9TH FLOOR SECAUCUS, NJ 07096

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IN THIS SPACE

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09/10/04-80003-013 150.00

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *D. Morrow* 9-7-04 248-648-2534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #