

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

FILED  
May 20 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 # **J04247** (9)  
1. Corporation Name  
**FERMAN JEEP-EAGLE, INC.**



Principal Place of Business <b>P.O. BOX 1321 TAMPA FL 33601</b>	Mailing Address <b>P.O. BOX 1321 TAMPA FL 33601</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>03/14/1986</b>	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number <b>59-2656075</b>	Applied For <input type="checkbox"/> Not Applicable
25	26	27	28	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. 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					

9. Name and Address of Current Registered Agent <b>UITERWYK, STEVEN A. 1307 W. KENNEDY BLVD. TAMPA FL 33606</b>		10. Name and Address of New Registered Agent	
		81 Name <b>Straske, Stephen B. II</b>	
		82 Street Address (P.O. Box Number is Not Acceptable) <b>1307 W. Kennedy Boulevard</b>	
		83	
		84 City <b>Tampa</b>	85 Zip Code <b>FL 33606</b>

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 understand the provisions of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* **Stephen B. Straske II, STD** 4/15/98 (813) 251-2765  
Signature: type or print 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>PD</b>	NAME <b>FERMAN, JAMES L., JR.</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1307 W KENNEDY BLVD</b>		1.2 NAME	
CITY-ST-ZIP <b>TAMPA FL</b>	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS	
TITLE <b>VST</b>	NAME <b>UITERWYK, STEVEN A.</b>	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>1307 W. KENNEDY BLVD.</b>		2.1 TITLE <b>STD</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	<input checked="" type="checkbox"/> DELETE	2.2 NAME <b>Straske, Stephen B. II</b>	
TITLE <b>D</b>	NAME <b>UITERWYK, STEVEN A.</b>	2.3 STREET ADDRESS <b>1307 W. Kennedy Boulevard</b>	
STREET ADDRESS <b>1307 W KENNEDY BLVD</b>		2.4 CITY-ST-ZIP <b>Tampa, FL 33606</b>	
CITY-ST-ZIP <b>TAMPA FL</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	3.2 NAME <b>Farrior, Preston L.</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>1307 W. Kennedy Boulevard</b>	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP <b>Tampa, FL 33606</b>	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE	NAME	4.4 CITY-ST-ZIP	
STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS		5.4 CITY-ST-ZIP	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.4 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 in an attachment with an address.

CR2E034 (10/97)