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PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J09953

(7)

WEST PALM NISSAN, INC.

Principal Place of Business Mailing Address 561 S. MILITARY TRAIL 551 S MILITARY TRAIL WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33415-3901 3. Date Incorporated or Qualified 3a. Date of Last Report 04/18/1986 04/11/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2664692 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name THOMPSON, DOUGLAS E. 645 S. MILITARY TRAIL, SUITE 6 Street Address (P.O. Box Number is Not Acceptable) 4524 GUN CLUB ROAD SUITE 82 WEST PALM BEACH FL 33415 83 WEST PALM BEACH 84 33415 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 account ne obligations of Section 607.0505, Florida Statutes.

DOUGLAS E. THOMPSON February 21, 1997 led name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PDS DELETE Change Addition DILE 1.1 TITLE STALUPPI, JOHN 1.2 NAME NAME 551 S MILITARY TRAIL STREET ACCRESS 1.3 STREET ADDRESS W PALM BCH FL 1.4 CITY - ST- ZIP CITY-ST-ZIE DELETE 2.1 TITLE Change Addition TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP DITY-ST-7IP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-S1-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS C(1Y-51-2IP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAMÉ 52 NAME **5.3 STREET ADDRESS** STREET ADDRESS 54 CiTY-ST-ZIP CHY-ST-ZIF DELETE Change Addition TITLE 61 TITLE NAME 62 NAME STREET ADDRESS 63 STREET ADDRESS

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFI

JOHN STALUPPI, President 2/21/97 (561) 683-7100

64 CITY-ST-ZIP 14. I do 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 Brock 12 or Block 13 if chapter 607, or on an attachment with an address.

FILED

Feb 27 1997 8:00am

Secretary of State