

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

FILED

**Feb 18 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J63396 (2)
1. Corporation Name
WEST PALM AUTO MALL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 551 S. MILITARY TRAIL WEST PALM BEACH FL 33415	Mailing Address 551 S. MILITARY TRAIL W. PALM BEACH FL 33415 US
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3. Date Incorporated or Qualified 03/24/1987	
4. FEI Number 65-0050202	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent
**THOMPSON, DOUGLAS E.
4524 GUN CLUB ROAD
SUITE 101
WEST PALM BEACH FL 33415**

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 *[Signature]* **DOUGLAS E. THOMPSON** 01/26/98
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	POB- STALUPPI, JOHN	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STALUPPI, JOHN		1.2 NAME	NELSON, ROBERT H	
STREET ADDRESS	551 S. MILITARY TRAIL		1.3 STREET ADDRESS	375 PARK AVENUE 22ND FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	NEW YORK, NY 10152	
TITLE		<input type="checkbox"/> DELETE	2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			2.2 NAME	PROVENZO, NICHOLAS C	
STREET ADDRESS			2.3 STREET ADDRESS	551 SOUTH MILITARY TRAIL	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415	
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			3.2 NAME	SMITH, JR. PHILIP N	
STREET ADDRESS			3.3 STREET ADDRESS	375 PARK AVENUE 22ND FLOOR	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	NEW YORK, NY 10152	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	WINTERS, KARL H	
STREET ADDRESS			4.3 STREET ADDRESS	375 PARK AVENUE 22ND FLOOR	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	NEW YORK, NY 10152	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 on an attachment with an address.

SIGNATURE *[Signature]* **NICHOLAS C. PROVENZO** 01/26/98 (561) 683-7100
VICE PRESIDENT

CF2E034 (10/97)