FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K42468** **(4)**

1. Corporation Name
MAROONE DODGE, INC.

Principal Place of Business	Mailing Address
C/O MICHAEL E. MAROONE 9800 PINES BLVD. PEMBROKE PINES FL 33024	C/O MICHAEL E. MAROONE 9800 PINES BLVD. PEMBROKE PINES FL 33024

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/01/1988**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip
29
Country
30

4. FEI Number: **65-0078325** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAROONE, MICHAEL E.
9800 PINES BLVD.
PEMBROKE PINES FL 33024

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 _____ DATE
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	CHAIRMAN / DIRECTOR	☑ Change ☐ Addition
NAME	MAROONE, ALBERT E.	12 NAME		
STREET ADDRESS	17915 FOXBOROUGH LN.	13 STREET ADDRESS		
CITY ST ZIP	BOCA RATON FL	14 CITY ST ZIP		
TITLE	VD	21 TITLE	PRESIDENT / DIRECTOR	☑ Change ☐ Addition
NAME	MAROONE, MICHAEL E.	22 NAME		
STREET ADDRESS	2665 HACKNEY DR.	23 STREET ADDRESS		
CITY ST ZIP	FT. LAUDERDALE FL	24 CITY ST ZIP		
TITLE	ST	31 TITLE		☐ Change ☐ Addition
NAME	MAROONE, MICHAEL E.	32 NAME		
STREET ADDRESS	2665 HACKNEY DRIVE	33 STREET ADDRESS		
CITY ST ZIP	FT LAUDERDALE FL	34 CITY ST ZIP		
TITLE	V	41 TITLE	VICE PRESIDENT / GEN MGR	☑ Change ☐ Addition
NAME	AHMED, FAISAL Y.	42 NAME		
STREET ADDRESS	2780 HUNTER ROAD	43 STREET ADDRESS		
CITY ST ZIP	FT. LAUDERDALE FL	44 CITY ST ZIP		
TITLE		51 TITLE	VICE PRESIDENT / CFO	☐ Change ☑ Addition
NAME		52 NAME	REESE, DONALD J.	
STREET ADDRESS		53 STREET ADDRESS	2682 EDGEWATER COURT	
CITY ST ZIP		54 CITY ST ZIP	FT. LAUDERDALE, FL. 33332	
TITLE		61 TITLE	VICE PRESIDENT	☐ Change ☑ Addition
NAME		62 NAME	HODGEN, BRADLEY N.	
STREET ADDRESS		63 STREET ADDRESS	729 CRYSTAL COURT	
CITY ST ZIP		64 CITY ST ZIP	FT. LAUDERDALE, FL. 33326	

14. The undersigned certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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: Donald J. Reese VP-CFO
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
DONALD J. REESE

4/28/95
Date

433-3310
Telephone Number

0007320 CP