

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **K42468** (4)

1. Corporation Name

MAROONE DODGE, INC.

Principal Place of Business

**C/O MICHAEL E. MAROONE
8600 PINES BLVD.
PEMBROKE PINES FL 33024**

Mailing Address

**C/O MICHAEL E. MAROONE
8600 PINES BLVD.
PEMBROKE PINES FL 33024**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/01/1988		3a. Date of Last Report 05/01/1995	
21		26		4. FEI Number 65-0078325		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		29 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
25 Country		30 Country		10. Name and Address of New Registered Agent			
g. Name and Address of Current Registered Agent				81 Name			
MAROONE, MICHAEL E. 8600 PINES BLVD. PEMBROKE PINES FL 33024				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, Sections 607.0505, Florida Statutes.

SIGNATURE

Michael E. Maroone

MICHAEL E. MAROONE

4-30-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAROONE, ALBERT E.	1.2 NAME	
STREET ADDRESS	17915 FOXBOROUGH LN.	1.3 STREET ADDRESS	8600 PINES BOULEVARD
CITY-STATE-ZIP	BOCA RATON FL	1.4 CITY-STATE-ZIP	PEMBROKE PINES, FL. 33024
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAROONE, MICHAEL E.	2.2 NAME	
STREET ADDRESS	2665 HACKNEY DR.	2.3 STREET ADDRESS	8600 PINES BOULEVARD
CITY-STATE-ZIP	FT. LAUDERDALE FL	2.4 CITY-STATE-ZIP	PEMBROKE PINES, FL. 33024
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAROONE, MICHAEL E.	3.2 NAME	
STREET ADDRESS	2665 HACKNEY DRIVE	3.3 STREET ADDRESS	8600 PINES BOULEVARD
CITY-STATE-ZIP	FT LAUDERDALE FL	3.4 CITY-STATE-ZIP	PEMBROKE PINES, FL. 33024
TITLE	VPGM <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHMED, FAISAL Y.	4.2 NAME	
STREET ADDRESS	2780 HUNTER ROAD	4.3 STREET ADDRESS	
CITY-STATE-ZIP	FT. LAUDERDALE FL	4.4 CITY-STATE-ZIP	
TITLE	VPCF <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REESE, DONALD J.	5.2 NAME	
STREET ADDRESS	2682 EDGEWATER COURT	5.3 STREET ADDRESS	
CITY-STATE-ZIP	FT LAUDERDALE FL	5.4 CITY-STATE-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGEN, BRADLEY N.	6.2 NAME	
STREET ADDRESS	729 CRYSTAL COURT	6.3 STREET ADDRESS	
CITY-STATE-ZIP	FT LAUDERDALE FL	6.4 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Michael E. Maroone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael E. Maroone

4-30-96

(954)

433-3300

Date

Daytime Phone #

CR2E034 (12/95)