SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
96 SEP 11 AM 10:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K49651 (8)

1. Corporation Name

SUZUKI OF PALM BEACH, INC.

Principal Place of Business	Mailing Address
WILLIAM A CHAMBERLAIN 3801 FEDERAL HWY STUART FL 34997 US	WILLIAM A CHAMBERLAIN 3801 S. FEDERAL HIGHWAY STUART FL 34997 US

2. Principal Place of Business
21 2755 S.E. Federal Hwy
22 Suite, Apt. #, etc —
23 City & State: Stuart FL
24 Zip: 34994
25 Country: USA

2a. Mailing Address
26 2755 S.E. Federal Hwy.
27 Suite, Apt. #, etc —
28 City & State: Stuart FL
29 Zip: 34994
30 Country: USA

3. Date Incorporated or Qualified: 12/06/1988
3a. Date of Last Report: 03/31/1995
4. FEI Number: 65-0092278 ☐ 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

WILLAM A CHAMBERLAIN
3801 S. FEDERAL HIGHWAY
STRART FL 33409

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

400001955134
09/24/96-01137-012
****225.00 ****225.00

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	CHAMBERLAIN, WILLIAM A.		1.2 NAME	
STREET ADDRESS	3801 S FEDERAL HWY		1.3 STREET ADDRESS	2445 S.E. Federal Hwy.
CITY-ST-ZIP	STUART FL		1.4 CITY-ST-ZIP	34994
TITLE	DSV	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	CHAMBERLAIN, WM. F.		2.2 NAME	
STREET ADDRESS	3801 S FEDERAL HWY		2.3 STREET ADDRESS	2445 S.E. Federal Hwy.
CITY-ST-ZIP	STUART FL		2.4 CITY-ST-ZIP	34994
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

9/23/96

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William A Chamberlain 9/6/96 561-288-1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #