

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K55632

(9)

1. Corporate Name

DIXIE MOTOR SALES, INC.



Principal Place of Business

666 SE 6TH AVE (US #1)
DELRAY BEACH FL 33483

Mailing Address

666 SE 6TH AVE (US #1)
DELRAY BEACH FL 33483

2. Principal Place of Business

2a. Mailing Address

21 600 SE 5TH AVE (US #1)

26 600 SE 5TH AVE (US #1)

3. Date Incorporated or Qualified
01/04/1989

3a. Date of Last Report
01/25/1995

4. FET Number

65-0089335

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

State, Apt. #, etc.

State, Apt. #, etc.

22. City & State

27. City & State

23 DELRAY BEACH FL

28 DELRAY BEACH, FL

24 33483

Country

29 33483

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SOLOMON, ALLAN B.
7777 GLADES ROAD
SUITE 300
BOCA RATON FL 33434

81 Name

POWERS, DAVID

82 Street Address (P.O. Box Number is Not Acceptable)

7777 GLADES ROAD
SUITE 300

84 City

BOCA RATON

FL

85 Zip Code

33434

11. Pursuant to the provisions of Sections 607.0607 and 607.0608, 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, articles 607.0607, Florida Statutes.

SIGNATURE

David J. Powers

2/23/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME
CAVASINI, STEPHEN
1326 N. W. 2ND AVENUE
DELRAY BEACH FL

2. TITLE ☐ DELETE

NAME
MCCLUSKEY, JOE
10387 STONEBRIDGE BLVD.
BOCA RATON FL

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

1. TITLE

1. NAME

1. STREET ADDRESS

1. CITY, ST, ZIP

2. TITLE

2. NAME

2. STREET ADDRESS

2. CITY, ST, ZIP

3. TITLE

3. NAME

3. STREET ADDRESS

3. CITY, ST, ZIP

4. TITLE

4. NAME

4. STREET ADDRESS

4. CITY, ST, ZIP

5. TITLE

5. NAME

5. STREET ADDRESS

5. CITY, ST, ZIP

6. TITLE

6. NAME

6. STREET ADDRESS

6. CITY, ST, ZIP

7. TITLE

7. NAME

7. STREET ADDRESS

7. CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and does not qualify for the exemption states in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated in 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 owner or business empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (if deleted) or on an attached addendum with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STEPHEN

CAVASINI

PRESIDENT

2/21/96

(407)278-1221

DATE

CR2E034 (12/95)