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 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K90536** **(9)**

1. Corporation Name
JUPITER DODGE INC.

Principal Place of Business	Mailing Address
1555 W INDIANTOWN RD PO BOX 1995 JUPITER FL 33468	1555 W INDIANTOWN RD PO BOX 1995 JUPITER FL 33468

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/24/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 65-0125871 ☐ 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

MILLER, WENDELL H.
1555 INDIANTOWN RD. W.
JUPITER FL 33458

10. Name and Address of New Registered Agent

81 Name: ANTHONY MARINO
82 Street Address (P.O. Box Number is Not Acceptable): 12-060 LONGWOOD GREEN DRIVE
83
84 City: WEST PALM BEACH FL 85 Zip Code: 33414

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] 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	D	11 TITLE	P	☒ Change ☐ Addition
NAME	MILLER, WENDELL H	12 NAME	WISCHE, SANDE	
STREET ADDRESS	2075 S OCEAN BLVD #4A	13 STREET ADDRESS	865 JOHNSTON AV.	
CITY-ST-ZIP	DELRAY BEACH FL	14 CITY-ST-ZIP	WATCHUNG, N.J. 07060	
TITLE	O	21 TITLE		☐ Change ☐ Addition
NAME	MARION, ANTHONY	22 NAME		
STREET ADDRESS	12060 LONGWOOD GREEN DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	24 CITY-ST-ZIP		
TITLE		31 TITLE	V	☒ Change ☐ Addition
NAME		32 NAME	Thomas Marino	
STREET ADDRESS		33 STREET ADDRESS	11311 Pondview Dr. C202	
CITY-ST-ZIP		34 CITY-ST-ZIP	Wellington, FL. 33414	
TITLE		41 TITLE	S	☒ Change ☐ Addition
NAME		42 NAME	Bernanne Goldman	
STREET ADDRESS		43 STREET ADDRESS	2146 Polo Gardens Dr. Apt. 202	
CITY-ST-ZIP		44 CITY-ST-ZIP	West Palm Bch. FL. 33414	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-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)(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] 4-19-95 407-743-0411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Bernanne Goldman

0439000 FP