


FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	Mar 14 1997 8:00am Secretary of State	
DOCUMENT # K90536 (9)				
1. Corporation Name JUPITER DODGE INC.				
Principal Place of Business 1555 W INDIANTOWN RD PO BOX 1895 JUPITER FL 33488		Mailing Address 1555 W INDIANTOWN RD PO BOX 1895 JUPITER FL 33468-1895		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/24/1989
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 07/08/1996
22 City & State		27 City & State		4. FEI Number 65-0125871
23 Zip Country		28 Zip Country		Applied For Not Applicable
24 Zip Country		29 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
MARINO, ANTHONY 12060 LONGWOOD GREEN DRIVE WEST PALM BEACH FL 33414			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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____</small>				
12. OFFICERS AND DIRECTORS				
TITLE	P	<input type="checkbox"/> DELETE		
NAME	WISCHE, SANDE			
STREET ADDRESS	885 JOHNSTON DR			
CITY-ST-ZIP	WATCHUNG NJ			
TITLE	O	<input type="checkbox"/> DELETE		
NAME	MARINO, ANTHONY			
STREET ADDRESS	12060 LONGWOOD GREEN DRIVE			
CITY-ST-ZIP	WEST PALM BEACH FL			
TITLE	V	<input type="checkbox"/> DELETE		
NAME	MARINO, THOMAS			
STREET ADDRESS	11311 PONDVIEW DR. C-202			
CITY-ST-ZIP	WELLINGTON FL			
TITLE	S	<input type="checkbox"/> DELETE		
NAME	GOLDMAN, BARBARA			
STREET ADDRESS	1903 OAK BERRY CIRCLE			
CITY-ST-ZIP	WELLINGTON FL			
TITLE		<input type="checkbox"/> DELETE		
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE		
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME				
1.3 STREET ADDRESS				
1.4 CITY-ST-ZIP				
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME				
2.3 STREET ADDRESS				
2.4 CITY-ST-ZIP				
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME				
3.3 STREET ADDRESS				
3.4 CITY-ST-ZIP				
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME				
4.3 STREET ADDRESS				
4.4 CITY-ST-ZIP				
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME				
5.3 STREET ADDRESS				
5.4 CITY-ST-ZIP				
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME				
6.3 STREET ADDRESS				
6.4 CITY-ST-ZIP				

CR2E034 (9/96)