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FLORIDA DEPARTMENT OF STATE

PROFIT

SIGNATURE:

Apr 13 1998 8:00am CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # L92155 (5)LANE'S AUTOMOTIVE, INC. Principal Place of Business Mailing Address 2820 OKEECHOBEE BLVD 2820 OKEECHOBEE BLVD WEST PAL BCH. FL 33409 WEST PAL BCH. FL 33409 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/03/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0207620 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. □No 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 WARREN, ROBERT L Name 6863 LAKESIDE ROAD 82 Street Address (P.O. Box Number is Not Acceptable) WEST PALM BEACH FL 33411 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation subprits 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 hope of the appointment as registered agent. I am familia with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS NS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change TITLE 1.1 TITLE WARREN, ROBERT L CR2E034 NAME 1.2 NAME 6863 LAKESIDE ROAD STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL 33411 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE 211lTLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 City-St-ZIP DELETE Addition 31 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. C(1) - S1 - ZIP CITY-ST-ZIP DELETE [_ Addition Change TITLE 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Addition TITLE 6.1 TiTLE Change NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - S1 - ZIP In supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is supplicated arrival report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an injury of the receiver or frustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in our great all extensions, with an address. thereby certify that the information indicated on this armual report of officer or director of the corporation.

FILED