FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L95565** **(2)**

1. Corporation Name

FT. LAUDERDALE CORVETTE, INC.

Principal Place of Business	Mailing Address
%DAVID P. KAATZ 7310 W MCNAB RD. SUITE 207 TAMARAC FL 33321	%DAVID P. KAATZ 7310 W MCNAB RD. SUITE 207 TAMARAC FL 33321

3. Date Incorporated or Qualified: 08/24/1990	3a. Date of Last Report: 04/26/1995
4. FEI Number: 65-0213819	☐ 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	

21 Principal Place of Business	26 Mailing Address
3900 NW 5th Terr	3900 N.W. 5th Terr
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Oakland Pk., Fl.	28 City & State: Oakland Park Fl.
24 Zip: 33334 25 Country	29 Zip: 33334 30 Country

9. Name and Address of Current Registered Agent

STUART HOWITT
7310 W. MCNAB ROAD, #207
SUITE 207
TAMARAC FL 33321

10. Name and Address of New Registered Agent

81 Name: Christopher Robins
82 Street Address (P.O. Box Number is Not Acceptable): 2699 NW 69th Ave
83
84 City: Sunrise FL 85 Zip Code: 33021

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] 3-19-96
Signature, type or printed name of registered agent and title if applicable — NOTE: Registered Agent's signature required when not filing — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROBINS, CHRISTOPHER J.		1.2 NAME		
STREET ADDRESS	2699 NW 69TH AVE.		1.3 STREET ADDRESS		
CITY-ST-ZIP	SUNRISE FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FREDERICK, JOHN		2.2 NAME		
STREET ADDRESS	4545 N. DIXIE HWY.		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP		
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		

CR2E034 (12/95)

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] 3-19-96 (954)568-4558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #