



**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M48255 (7)
 1. Corporation Name
MAROONE OLDSMOBILE, INC.

Principal Place of Business 450 E. LAS OLAS BLVD. FT. LAUDERDALE FL 33301	Mailing Address 450 E. LAS OLAS BLVD. FT. LAUDERDALE FL 33301
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FILED
 97 JUL 22 AM 11:53
 SECRETARY OF STATE



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/13/1987	3a. Date of Last Report 05/01/1986
4. FEI Number 59-2780253	Applied For Not Applicable
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 owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAWKINS, THOMAS W	
STREET ADDRESS	450 E. LAS OLAS BLVD., #1200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HANDLEY, RICHARD L	
STREET ADDRESS	450 E. LAS OLAS BLVD., #1200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	PST	<input type="checkbox"/> DELETE
NAME	MAROONE, MICHAEL E	
STREET ADDRESS	450 E. LAS OLAS BLVD., #1200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	REESE, DONALD J	
STREET ADDRESS	450 E. LAS OLAS BLVD., #1200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HODGEN, BRADLEY N	
STREET ADDRESS	450 E. LAS OLAS BLVD. #1200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PEDDY, COURTLAND	
STREET ADDRESS	450 E. LAS OLAS BLVD., #1200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE : **100002245791-84**

12 NAME : **-07/23/97--01129--008**

13 STREET ADDRESS : *******550.00 *****550.00**

14 CITY-ST-ZIP : *******550.00 *****550.00**

21 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	James C. Cole	
23 STREET ADDRESS	450 E. LAS OLAS Blvd. #1200	
24 CITY-ST-ZIP	FL LAUDERDALE, FL 33301	
31 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Michael E. Marcone	
33 STREET ADDRESS	450 E. Las Olas Blvd. #1200	
34 CITY-ST-ZIP	FL LAUDERDALE, FL 33301	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Kathleen Hyle	
63 STREET ADDRESS	400 E. LAS OLAS Blvd. #1200	
64 CITY-ST-ZIP	FL LAUDERDALE, FL 33301	

14. I do hereby certify that the information 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 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 _____ DATE **06/17/97**

CR2E034 (4/97)