

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # M55829 (9)
1. Corporation Name
AWESOME AUTOMOTIVE OF HIALEAH, INC.



Principal Place of Business: 7921 W 25 CT, HIALEAH FL 33016
Mailing Address: 7921 W 25 CT, HIALEAH FL 33016-2727

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	07/21/1987	05/01/1996	4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		26-7552485	Not Applicable
22	27	5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	
23	28	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Zip		Country		9. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
Country		Country		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

9. Name and Address of Current Registered Agent
MCCANN, MARK
7921 W. 25 COURT
HIALEAH FL 33016

10. Name and Address of New Registered Agent
81 Name: DOLLAR, KENNETH
82 Street Address (P.O. Box Number is Not Acceptable): 7921 W 25 CT
83
84 City: HIALEAH FL 85 Zip Code: 33016

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 607.0605, Florida Statutes.
SIGNATURE: X KENNETH DOLLAR Pres., Kennedy Waller Bus. 4-21-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT & DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCANN, MARK	1.2 NAME	KENNETH DOLLAR
STREET ADDRESS	7921 W. 25 COURT	1.3 STREET ADDRESS	7921 W 25 COURT
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	SECRETARY & DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	SHAWN DOLLAR
STREET ADDRESS		2.3 STREET ADDRESS	7921 W. 25 COURT
CITY-ST-ZIP		2.4 CITY-ST-ZIP	HIALEAH, FL 33016
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: X Kennedy Waller Bus. 4-21-97 (305) 362-5220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)