

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

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**Apr 21 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 # M80278 (8)**

**1. Corporation Name  
AUTOHAUS HOLDINGS, INC.**



**Principal Place of Business Mailing Address  
744 N. FEDERAL HIGHWAY 744 N. FEDERAL HIGHWAY  
POMPANO BEACH FL 33062-4303 POMPANO BEACH FL 33062-4303**

**3. Date Incorporated or Qualified 05/11/1988 3a. Date of Last Report 02/22/1996**

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address	<b>4.</b> FEI Number <b>65-0070349</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>22</b> City & State	<b>27</b> City & State	<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>23</b> Zip	<b>28</b> Zip	<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>24</b> Country	<b>29</b> Country		

**9. Name and Address of Current Registered Agent**

**KIRLAND, ROBERT A.  
744 NORTH FEDERAL HIGHWAY  
POMPANO BEACH FL 33063**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>FL</b>
<b>85</b> 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ **DATE** \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>DPT</b> <input type="checkbox"/> DELETE
<b>NAME</b>	<b>KIRLAND, ROBERT A.</b>
<b>STREET ADDRESS</b>	<b>744 N FEDERAL HWY.</b>
<b>CITY - ST - ZIP</b>	<b>POMPANO BCH FL</b>
<b>TITLE</b>	<b>S</b> <input type="checkbox"/> DELETE
<b>NAME</b>	<b>KIRSCHNER, MITCHELL B.</b>
<b>STREET ADDRESS</b>	<b>NORTHERN TRUST PLZ 301 YAMATO RD.,STE 2110</b>
<b>CITY - ST - ZIP</b>	<b>BOCA RATON FL</b>
<b>TITLE</b>	<b>AS</b> <input type="checkbox"/> DELETE
<b>NAME</b>	<b>MONTEMERLO, FRANCIS S</b>
<b>STREET ADDRESS</b>	<b>1220 FILLMORE ST.</b>
<b>CITY - ST - ZIP</b>	<b>HOLLYWOOD FL</b>
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> DELETE
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.2 NAME</b>	
<b>1.3 STREET ADDRESS</b>	
<b>1.4 CITY - ST - ZIP</b>	
<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.2 NAME</b>	
<b>2.3 STREET ADDRESS</b>	
<b>2.4 CITY - ST - ZIP</b>	
<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.2 NAME</b>	
<b>3.3 STREET ADDRESS</b>	
<b>3.4 CITY - ST - ZIP</b>	
<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.2 NAME</b>	
<b>4.3 STREET ADDRESS</b>	
<b>4.4 CITY - ST - ZIP</b>	
<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2 NAME</b>	
<b>5.3 STREET ADDRESS</b>	
<b>5.4 CITY - ST - ZIP</b>	
<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2 NAME</b>	
<b>6.3 STREET ADDRESS</b>	
<b>6.4 CITY - ST - ZIP</b>	

**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, as tagged, or in an attachment with an address.**

**SIGNATURE** \_\_\_\_\_ **FRANCIS S MONTEMERLO 4/11/97 954 943 5000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)