

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

FILED
Apr 14 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 744 N. FEDERAL HIGHWAY POMPANO BEACH FL 33062-4303 | Mailing Address 744 N. FEDERAL HIGHWAY POMPANO BEACH FL 33062-4303 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 21 350 WEST COPANS RD. Suite, Apt. #, etc. 22 City & State 23 POMPANO BEACH FL Zip 24 33064 | 2a. Mailing Address 26 350 WEST COPANS RD Suite, Apt. #, etc. 27 City & State 28 POMPANO BEACH FL Zip 29 33064 |
| Country 25 BROWARD | Country 30 BROWARD |

3. Date Incorporated or Qualified
05/11/1988

| | |
|------------------------------------|--|
| 4. FEI Number 65-0070349 | Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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

| |
|--|
| 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 officer 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | DPT <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KIRLAND, ROBERT A. | 1.2 NAME | |
| STREET ADDRESS | 744 N FEDERAL HWY. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BCH FL | 1.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KIRSCHNER, MITCHELL B. | 2.2 NAME | |
| STREET ADDRESS | NORTHERN TRUST PLZ 301 YAMATO RD.,STE 2110 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | BOCA RATON FL | 2.4 CITY-ST-ZIP | |
| TITLE | AS <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MONTEMERLO, FRANCIS S | 3.2 NAME | |
| STREET ADDRESS | 1220 FILLMORE ST. | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | HOLLYWOOD FL | 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 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: FRANCIS S MONTEMERLO, ASST. SECRETARY

4-6-98 954 943 5000

CR2E034 (10/97)