


FILE NOW: FILING FEE IS \$61.25

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Jun 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000006053 (2)

1. Corporation Name

MOPARS OF THE PALM BEACHES, INC.



Principal Place of Business	Mailing Address
4773 MESSANA TERRACE LAKE WORTH FL 34463	4773 MESSANA TERRACE LAKE WORTH FL 33463-7239

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 12429 189th Ct. N.		26 12429 189th Ct. N.		01/05/1995		06/04/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		65-0544304		Not Applicable	
24 33478		25 Palm Beach		29 33478		30 Palm Beach	
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
WATTS, MICHAEL 4773 MESSANA TERRACE LAKE WORTH FL 34463				81 Name Joanne M. Davis			
				82 Street Address (P.O. Box Number is Not Acceptable) 12429 189th Ct. N.			
				83			
				84 City Jupiter FL 85 Zip Code 33478			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Joanne M. Davis 6/23/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARSON, TOM			1.2 NAME	Tom Larson		
STREET ADDRESS	9808 MAJESTIC WAY			1.3 STREET ADDRESS	9808 Majestic Way		
CITY-ST-ZIP	BOYNTON BCH. FL 33437-3328			1.4 CITY-ST-ZIP	Boynton Beach, FL 33437-3328		
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOONEY, JOANNE S			2.2 NAME	Joanne Mooney-Davis		
STREET ADDRESS	12429 189TH CT. N			2.3 STREET ADDRESS	12429 189th Ct. N.		
CITY-ST-ZIP	JUPITER FL 33478			2.4 CITY-ST-ZIP	Jupiter, FL 33478		
TITLE	ST	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SWEETING, ALAN			3.2 NAME	Mike Jenkins		
STREET ADDRESS	PO BOX 17172 NA			3.3 STREET ADDRESS	9394 Longmeadow Circle		
CITY-ST-ZIP	WEST PALM BCH FL 33416-7172			3.4 CITY-ST-ZIP	Boynton Beach, FL 33436-3138		
TITLE	T	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	TAYLOR, JEANINE			4.2 NAME	Sully Larson		
STREET ADDRESS	412 N. 7TH ST.			4.3 STREET ADDRESS	9808 Majestic Way		
CITY-ST-ZIP	LAKE WORTH FL 33460-1802			4.4 CITY-ST-ZIP	Boynton Beach, FL 33437-3328		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WATTS, MIKE			5.2 NAME	Kim Romanelli		
STREET ADDRESS	4773 MESSANA TERRACE			5.3 STREET ADDRESS	17715 38th Lane North		
CITY-ST-ZIP	LAKE WORTH FL 33463-7239			5.4 CITY-ST-ZIP	Loxahatchee, FL 33470-3672		
TITLE	T	<input type="checkbox"/> DELETE		6.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DAVIS, GLENN			6.2 NAME	Richard Romanelli		
STREET ADDRESS	12429 189TH CT. N			6.3 STREET ADDRESS	17715 38th Lane North		
CITY-ST-ZIP	JUPITER FL 33478			6.4 CITY-ST-ZIP	Loxahatchee, FL 33470-3672		

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Joanne M. Davis 6/23/97

CR2E037 (9/96)