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FILED
Sep 26 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000000781
1. Corporation Name
Super Six Toyota Dealers, Inc.

Principal Place of Business: c/o James Everhart, 5 Harvard Circle, Ste. 109, West Palm Beach, FL 33409
Mailing Address: c/o James Everhart, 5 Harvard Circle, Ste. 109, West Palm Beach, FL 33409

2. Principal Place of Business: 21 1215 US Highway One, Suite, Apt. #, etc.
22 City & State: 23 Lake Park, FL
24 Zip: 33408, 25 Country: USA

2a. Mailing Address: 26 1215 US Highway One, Suite, Apt. #, etc.
27 City & State: 28 Lake Park, FL
29 Zip: 33408, 30 Country: USA

3. Date Incorporated or Qualified: 2/14/96
3a. Date of Last Report: N/A
4. FEI Number: 65-0736119
Applied For: 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
Valdes-Fauli Corporate Services, Inc.
777 South Flagler Drive, Ste. 500 E
West Palm Beach, FL 33401

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City: FL 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/S/T	<input type="checkbox"/> DELETE
NAME	McDaniel, Tom	
STREET ADDRESS	551 South Military Trail	
CITY-ST-ZIP	West Palm Beach, FL 33415	
TITLE	D/P	<input type="checkbox"/> DELETE
NAME	Stewart, Earl	
STREET ADDRESS	1215 US Highway One	
CITY-ST-ZIP	Lake Park, FL 33408	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Pierson, John	
STREET ADDRESS	3725 S.E. Federal Highway	
CITY-ST-ZIP	Stuart, FL 34997	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	Cheney, David	
STREET ADDRESS	1075 S. US Highway One	
CITY-ST-ZIP	Vero Beach, FL 32962	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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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: Tom McDaniel Tom McDaniel, Director/Secretary 9/21/97 (561) 683-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #