

FILE NOW: FILING FEE IS \$61.25

FILED
Sep 04 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Merthiam Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

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

| | |
|---|---|
| Principal Place of Business 1215 US Highway One Lake Park, FL 33409 | Mailing Address 1215 US Highway One Lake Park, FL 33408 |
|---|---|

3. Date Incorporated or Qualified
2/14/96

4. FEI Number
65-0736119

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

| | |
|---|--|
| 2. Principal Place of Business 21 c/o James Everhart Suite, Apt. #, etc. | 2a. Mailing Address 26 c/o James Everhart Suite, Apt. #, etc. |
| 22 380 Columbia Dr., Ste. 111 City & State | 27 380 Columbia Dr., Ste. 111 City & State |
| 23 West Palm Beach, FL Zip Country | 28 West Palm Beach, FL Zip Country |
| 24 33409 25 USA | 29 33409 30 USA |

9. Name and Address of Current Registered Agent

Valdes-Fauli Corporate Services, Inc.
777 South Flagler Drive, Suite 500E
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|--|
| TITLE | D/S/T <input checked="" type="checkbox"/> DELETE |
| NAME | McDaniel, Tom |
| STREET ADDRESS | 551 South Military Trail |
| CITY-ST-ZIP | West Palm Beach, FL 33415 <input type="checkbox"/> DELETE |
| TITLE | D/P <input type="checkbox"/> DELETE |
| NAME | Stewart, Earl |
| STREET ADDRESS | 1215 US Highway One |
| CITY-ST-ZIP | Lake Park, FL 33408 <input type="checkbox"/> DELETE |
| 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 | Csenar, 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | D Stewart, Earl |
| 2.3 STREET ADDRESS | 1215 US Highway One |
| 2.4 CITY-ST-ZIP | Lake Park, FL 33408 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE | |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | p/c Csenar, David |
| 4.3 STREET ADDRESS | 1075 S. US Highway One |
| 4.4 CITY-ST-ZIP | Vero Beach, FL 32962 <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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 included 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: *David Csenar*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)