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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000000781

1. Corporation Name
SUPER SIX TOYOTA DEALERS, INC.



Principal Place of Business C/O JAMES EVERHART 380 COLUMBIA DRIVE, SUITE 111 WEST PALM BEACH FL 33409 US	Mailing Address C/O JAMES EVERHART 380 COLUMBIA DRIVE, SUITE 111 WEST PALM BEACH FL 33409 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/14/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0736119
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 29	Country 30	

9. Name and Address of Current Registered Agent
VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE
SUITE 500 EAST
W 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: _____ DATE: _____
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	DELETED <input checked="" type="checkbox"/>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEWART, EARL		1.2 NAME	
STREET ADDRESS 1215 U.S. HIGHWAY ONE		1.3 STREET ADDRESS	
CITY-ST-ZIP LAKE PARK FL 33408		1.4 CITY-ST-ZIP	
TITLE D	DELETED <input type="checkbox"/>	2.1 TITLE VP, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PIERSON, JOHN		2.2 NAME Pierson, John	
STREET ADDRESS 3725 S.E. FEDERAL HIGHWAY		2.3 STREET ADDRESS 3725 SE Federal Highway	
CITY-ST-ZIP STUART FL 34997		2.4 CITY-ST-ZIP Stuart, FL 34997	
TITLE PD	DELETED <input type="checkbox"/>	3.1 TITLE P,S,T,D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CSEAR, DAVID		3.2 NAME Csenar, David	
STREET ADDRESS 1075 SOUTH U.S. HIGHWAY ONE		3.3 STREET ADDRESS 1075 South US Highway One	
CITY-ST-ZIP VERO BEACH FL 32962		3.4 CITY-ST-ZIP Vero Beach, FL 32962	
TITLE	DELETED <input type="checkbox"/>	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME Gonzales, Frank	
STREET ADDRESS		4.3 STREET ADDRESS 3350 South US Highway One	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Ft Pierce, FL 34982	
TITLE	DELETED <input type="checkbox"/>	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	DELETED <input type="checkbox"/>	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 119.073(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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 4-21-99 Daytime Phone #

CR2E037 (11/98)