

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

FILED

**May 23 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P07982 (2)

1. Corporation Name
ART MORAN AUTO PLAZA, INC.



Principal Place of Business 3720 NORTHLAKE BLVD LAKE PARK FL 33403 US	Mailing Address 3720 NORTHLAKE BLVD LAKE PARK FL 33403-1630 US
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3. Date Incorporated or Qualified 11/05/1985	3a. Date of Last Report 05/01/1996
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21. Principal Place of Business 3720 NORTHLAKE BLVD Suite, Apt. #, etc.	26. Mailing Address 3720 NORTHLAKE BLVD Suite, Apt. #, etc.
22. City & State LAKE PARK FLORIDA	27. City & State LAKE PARK FLORIDA
23. Zip 33403	28. Country USA
24. Zip 33403	29. Country USA

4. FEI Number 38-2628970	Applied For Not Applicable
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

FL

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 the if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORAN, ARTHUR C.		1.2 NAME	
STREET ADDRESS 3720 NORTHLAKE BLVD.		1.3 STREET ADDRESS	
CITY - ST - ZIP LAKE PARK FL		1.4 CITY - ST - ZIP	
TITLE STD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORAN, JANICE E.		2.2 NAME	
STREET ADDRESS 3720 NORTHLAKE BLVD.		2.3 STREET ADDRESS	
CITY - ST - ZIP LAKE PARK FL		2.4 CITY - ST - ZIP	
TITLE VD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORAN, WILLIAM		3.2 NAME	
STREET ADDRESS 3720 NORTHLAKE BLVD.		3.3 STREET ADDRESS	
CITY - ST - ZIP LAKE PARK FL		3.4 CITY - ST - ZIP	
TITLE P	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORAN, DANIEL		4.2 NAME	
STREET ADDRESS 3720 NORTHLAKE BLVD.		4.3 STREET ADDRESS	
CITY - ST - ZIP LAKE PARK FL		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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Janice E Moran **JANICE E. MORAN** **5-14-97** **561-622-4220**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CFR2034 (9/96)