


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

FILED

May 23 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> 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**

3. Date Incorporated or Qualified  
**11/05/1985**

3a. Date of Last Report  
**05/01/1996**

2. Principal Place of Business	2a. Mailing Address
21 <b>3720 NORTHLAKE BLVD</b>	26 <b>3720 NORTHLAKE BLVD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 <b>LAKE PARK FLORIDA</b>	28 <b>LAKE PARK FLORIDA</b>
Zip	Zip
24 <b>33403</b>	29 <b>33403</b>
Country	Country
25 <b>USA</b>	30 <b>USA</b>

4. FEI Number  
**38-2628970**

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

**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
<b>FL</b>
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

Signature: typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>MORAN, ARTHUR C.</b>	
STREET ADDRESS	<b>3720 NORTHLAKE BLVD.</b>	
CITY - ST - ZIP	<b>LAKE PARK FL</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>MORAN, JANICE E.</b>	
STREET ADDRESS	<b>3720 NORTHLAKE BLVD.</b>	
CITY - ST - ZIP	<b>LAKE PARK FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>MORAN, WILLIAM</b>	
STREET ADDRESS	<b>3720 NORTHLAKE BLVD.</b>	
CITY - ST - ZIP	<b>LAKE PARK FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>MORAN, DANIEL</b>	
STREET ADDRESS	<b>3720 NORTHLAKE BLVD.</b>	
CITY - ST - ZIP	<b>LAKE PARK FL</b>	
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	

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**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5-14-97**

Date

**561-622-4220**

Daytime Phone #

CR2E034 (9/96)