

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Suzanne B. Mathrum
Secretary of State
Tallahassee, Florida 32399-0001

DOCUMENT # **P17396** (3)
CHRYSLER BISCAYNE CORPORATION

Principal Place of Business: 225 HIGH RIDGE RD STAMFORD CT 06905
Mailing Address: 225 HIGH RIDGE RD STAMFORD CT 06905

2. Principal Place of Business: 225 HIGH RIDGE RD STAMFORD CT 06905
26. Mailing Address: 225 HIGH RIDGE RD STAMFORD CT 06905
27. State Apt. # etc.:
28. City & State:
29. Zip:

APPROVED AND FILED
MAY 23 1995 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3. Date Incorporated or Qualified: 12/28/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 06-1246543
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 190.032 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
B1. Name:
B2. Street Address (P.O. Box Number is Not Acceptable):
B3. City:
B4. State: FL B5. Zip Code:

11. Pursuant to the provisions of Sections 607.01(2) and 607.15(8) 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 Sections 607.01(2) & 607.15(8) Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (P. 1)	
NAME	P BISHOP, WILLIAM S. 225 HIGH RIDGE RD STAMFORD CT	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AS COZART, RICHARD M. 225 HIGH RIDGE RD STAMFORD CT	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BOWES, JOHN M. 225 HIGH RIDGE RD STAMFORD CT	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SVP PETERSON, MICHAEL O. 225 HIGH RIDGE RD STAMFORD CT	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T ROBISON, DAVID A. 225 HIGH RIDGE RD STAMFORD CT	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AT BROWER, MARK 225 HIGH RIDGE RD STAMFORD CT	NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

D WISE, CARL L.
225 HIGH RIDGE RD.
STAMFORD, CT 06905

AT
SIMMONS, RUBEN
225 HIGH RIDGE RD.
STAMFORD, CT 06905

14. I hereby certify that the information supplied with this filing is accurately furnished and correct and qualify for the certificate stated in law for 1995 (see Florida Statutes). I further certify that the information submitted on this annual report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made in a state that I am an officer or director of the corporation or that no event or transfer empowered to execute this report as required by Chapter 100, Florida Statutes, and that my name appears on the Florida Department of State's records for an attachment with an address.

SIGNATURE: 
RUBEN SIMMONS

5/12/95 (203) 975-3200