

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P17396** (3)

1. Corporation Name
CHRYSLER BISCAYNE CORPORATION



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

3. Date Incorporated or Qualified: **12/28/1987**
3a. Date of Last Report: **05/23/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **06-1246543**
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

10. Name and Address of New Registered Agent

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

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 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BISHOP, WILLIAM S.	
STREET ADDRESS	225 HIGH RIDGE RD	
CITY - ST - ZIP	STAMFORD CT	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	COZART, RICHARD M.	
STREET ADDRESS	225 HIGH RIDGE RD	
CITY - ST - ZIP	STAMFORD CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WISE, CARL L.	
STREET ADDRESS	225 HIGH RIDGE RD	
CITY - ST - ZIP	STAMFORD CT	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	PETERSON, MICHAEL O.	
STREET ADDRESS	225 HIGH RIDGE RD	
CITY - ST - ZIP	STAMFORD CT	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ROBISON, DAVID A.	
STREET ADDRESS	225 HIGH RIDGE RD	
CITY - ST - ZIP	STAMFORD CT	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	SIMMONS, RUBEN	
STREET ADDRESS	225 HIGH RIDGE RD	
CITY - ST - ZIP	STAMFORD CT	

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	

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JL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ (Signature and typed name of signing officer or director)
Date: **5/17/96** Daytime Phone #: **702-978-3700**

CR2E034 (12/95)