

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

FILED

**Jan 14 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P38607 (8)

1. Corporation Name
DEALERS CHOICE USED CARS, INC.



Principal Place of Business 5608 N. FLORIDA TAMPA FL 33604 US	Mailing Address 5608 N. FLORIDA TAMPA FL 33604-6912 US
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2. Principal Place of Business 21 Suite, Apt. # etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 05/01/1992	3a. Date of Last Report 05/28/1996
4. FEI Number 36-3328640	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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SCHAUER, NEIL E., SR.
702 BELLE CHASE CIRCLE
TAMPA FL 33634**

10. Name and Address of New Registered Agent

81 Name **SCHAUER NEIL E. SR.**

82 Street Address (P.O. Box Number is Not Acceptable)
10438 ST. TROPEZ PLACE

83

84 City **TAMPA** FL 85 Zip Code **33615**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAUER, NEIL E., SR.	1.2 NAME	SCHAUER NEIL E SR.
STREET ADDRESS	702 BELLE CHASE CIRCLE	1.3 STREET ADDRESS	10438 ST. TROPEZ PLACE
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAMPA FL. 33615
TITLE	VST <input type="checkbox"/> DELETE	2.1 TITLE	VST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAUER, GERDA F.	2.2 NAME	SCHAUER GERDA F
STREET ADDRESS	702 BELLE CHASE CIRCLE	2.3 STREET ADDRESS	10438 ST. TROPEZ PLACE
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	TAMPA FL. 33615
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAUER, GERDA F.	3.2 NAME	SCHAUER GERDA F
STREET ADDRESS	702 BELLE CHASE CIRCLE	3.3 STREET ADDRESS	10438 ST TROPEZ PLACE
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	TAMPA FL. 33615
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Gerda Schauer* **GERDA SCHAUER** 1/3/97 813-237-0172

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)