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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P92000014470 (8)

U.S. AUTO ACCEPTANCE CO.

FILED Jan 16 1997 8:00am Secretary of State



Principal Pla % MAHER CH 2801 34TH ST ST PETERSBU	Ň	% MAHER CHE 2901 34TH ST I	Mailing Address MAHER CHEVROLET 2801 34TH ST N ST PETERSBURG FL 33713-3636			3. Date Incorporated or Qualified 3a. Date of Last Report 02/02/1996		
2. Principal	Place of Business	2a. Mailing Ad	ldress			. 4. FEI Number		Applied For
21		26				59-3156077		Not Applicable
Suite, Ap	t #, etc	Suite, Apt.	#, etc.			5. Certificate of Status Desired		5 Additional
22 City & State		[27]	City & State			Fee Required		
23]	ale	28	e			6. Election Campaign Financing Trust Fund Contribution		00 May Be led to Fees
Zip	Country	Zip		Countr	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	8. This corporation has liability for		
24	25	29	3		,	' -	intangibie tax uno TYes ☐ No	er s. 199.032,
	9. Name and Address of Cui					10. Name and Address of New Re		
MFA	AGHER, MICHAEL B			81	Name			
% MAHER CHEVROLET				82	Street Add	Street Address (P.O. Box Number is Not Acceptable)		
	1 34TH ST N				5000,100			
	PETERSBURG FL 33733			83				
				84	City		85	Zip Code
1				"	I City	•	FL °°	zip Code
SIGNATURE	Signature, typed or per har hanse of registere:	AND DIRECTORS		Registered Ag	gent signature requ	aired when reinstating) ADDITIONS/CHANGES TO OFFIG	DATE CERS AND DIREC	TORS IN 12
TITLE	D		DELETE	1.1 TITLE			Char	ge Addition
NAME	MEAGHER, MICHAEL B			1.2 NAME				
STREET ADDRESS				1.3 STREE	T ADORESS			
CITY-ST-ZIP	ST PETERSBURG FL 33733			14 CITY-	ST-ZIP			
TITLE		LJ	DELETE	21 TITLE	-		☐ Char	ige 🛄 Addibon
NAME				2.2 NAME				
STREET ADDRESS	5			1	T ADDRESS			}
CITY-ST-ZIP TITLE			DELETE	2.4 CITY - 3.1 TITLE	-51-41		Char	nge
NAME				3.2 NAME		•	: C	-g- Lighten
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP				34 CITY				Ì
TITLE	·		DELETE	41 TITLE			☐ Char	ige Addition
NAME				4 2 NAME	: }			
STREET ADDRESS	\$			4.3 STREE	T ADDRESS			,
CITY-ST-ZIP				4.4 CITY	ST-ZIP			}
TITLE								
			DELETE	5.1 TITLE			Chai	ige Addition
NAME			DELETE	5.2 NAME			☐ Char	ige 🔲 Addition
STREET ADORESS	3		DELETE	5.2 NAME 5.3 STREE	t address		☐ Chai	ge Addition
STREET ADORESS	5			5.2 NAME 5.3 STREE 5.4 CITY-	t address			
STREET ADORESS CITY-SY-ZIP TITLE			DELETE	5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE	T ADDRESS ST-ZIP		☐ Chai	
STREET ADORESS CITY-SY-ZIP TITLE NAME				5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	T ADDRESS ST-ZIP			
STREET ADORESS CITY-SY-ZIP TITLE				5.2 NAME 5.3 STREE 5.4 CITY- 6.1 TITLE 6.2 NAME	T ADDRESS ST-ZIP			

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 off-cer 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.

Daytime Phone #

0378411