

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000041420 (9)

1. Corporation Name
USA AUTO SALES OF BREVARD, INC.

Principal Place of Business
3778 DIXIE HIGHWAY, N.E.
PALM BAY FL 32905

Mailing Address
3778 DIXIE HIGHWAY, N.E.
PALM BAY FL 32905

FILED
Jul 30 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

| | |
|--|---------------------------------------|
| 3. Date Incorporated or Qualified 06/09/1993 | 3a. Date of Last Report 05/01/1996 |
| 4. FEI Number 59-3185643 | 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--|---|
| 2. Principal Place of Business 21 3690 Dixie Hwy NE Suite, Apt. #, etc. 22 US1 City & State 23 PALM BAY FLA Zip 24 32905 Country 25 BREVARD | 2a. Mailing Address 26 P.O. Box 51047 Suite, Apt. #, etc. 27 City & State 28 MELBOURNE BEACH FLA Zip 29 32951 Country 30 BREVARD |
|--|---|

9. Name and Address of Current Registered Agent

PLATT, JACK
525 STRAW BRIDGE AVENUE
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

| |
|---|
| 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------------|--------|
| TITLE | D | DELETE |
| NAME | DESHAZO, TALMADGE P JR | |
| STREET ADDRESS | 74 MOHICAN WAY | |
| CITY-ST-ZIP | S. MELBOURNE BEACH FL 32951 | |
| TITLE | D | DELETE |
| NAME | DESHAZO, HELEN M | |
| STREET ADDRESS | 74 MOHICAN WAY | |
| CITY-ST-ZIP | S MELBOURNE BEACH FL 32951 | |
| TITLE | D | DELETE |
| NAME | ORR, JOHN M | |
| STREET ADDRESS | 275 BEVERLY COURT | |
| CITY-ST-ZIP | S. MELBOURNE BEACH FL 32951 | |
| TITLE | D | DELETE |
| NAME | ORR, KATHY L | |
| STREET ADDRESS | 275 BEVERLY COURT | |
| CITY-ST-ZIP | S. MELBOURNE BEACH FL 32951 | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------|----------|
| 1.1 TITLE | Change | Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | Change | Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | Change | Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | Change | Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | Change | Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | Change | 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
TALMADGE P JR
President

CR25034 (4/97)