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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 24 PM 4:00

DOCUMENT # **P93000051961 (9)**

1. Corporation Name
ADVANTAGE CHRYSLER-PLYMOUTH-DODGE, INC.

Principal Place of Business
710 S BAY STREET
EUSTIS FL 32726

Mailing Address
710 S BAY STREET
EUSTIS FL 32726

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/26/1993
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business
21 18311 US Hwy 441
Suite, Apt #, etc. 22
City & State 23 MT Dora, FL
Zip 24 32757 Country 25 Lake

2a. Mailing Address
26 18311 US Hwy 441
Suite, Apt #, etc. 27
City & State 28 MT Dora, FL
Zip 29 32757 Country 30 Lake

4. FEI Number: 59-3193893 — Applied For / Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Elections Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under F.S. Ch. 199 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
SMITH, CHRISTOPHER
710 S. BAY ST.
EUSTIS FL 32726

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Numbers Not Acceptable) 18311 US Hwy 441
83
84 City MT Dora FL 85 Zip Code 32757

11. Pursuant to the provisions of Section 607.0502 and 607.1008, Florida Statutes, the above named corporation submits the 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] 2/15/95
(Registered Agent's Signature and Date)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, CHRISTOPHER
STREET ADDRESS	710 S BAY STRET
CITY, ST, ZIP	EUSTIS FL 32726
TITLE	P
NAME	SULLIVAN, ARTHUR
STREET ADDRESS	1749 SW COLLEGE RD.
CITY, ST, ZIP	OCALA FL
TITLE	ST
NAME	BOSTIC, WANDA
STREET ADDRESS	1515 N. MAIN ST.
CITY, ST, ZIP	GAINESVILLE FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

1. TITLE	[ ] Change [ ] Add
2. NAME	
3. STREET ADDRESS	18311 US Hwy 441
4. CITY, ST, ZIP	MT Dora, FL 32757
1. TITLE	[ ] Change [ ] Add
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	[ ] Change [ ] Add
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	[ ] Change [ ] Add
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	[ ] Change [ ] Add
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
1. TITLE	[ ] Change [ ] Add
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	

14. I hereby certify that the information contained in this annual report is accurate and complete. 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 the report as required by Chapter 607, Florida Statutes; and that the name appears in Block 12 or Block 13 if changed, or is added, in an officer or director capacity.

SIGNATURE: [signature] 2/15/95 904-735-3777
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING OFFICER OR DIRECTOR

0049426 CP