

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 # P93000062890 (7)

1. Corporation Name

GRIFFIN AUTOMOTIVE, INC.

Principal Place of Business

255 SOUTH ORANGE AVENUE
SUITE 1550
ORLANDO FL 32801

Mailing Address

255 SOUTH ORANGE AVENUE
SUITE 1550
ORLANDO FL 32801



3. Date Incorporated or Qualified 09/03/1993
3a. Date of Last Report 07/17/1995

21. Principal Place of Business 255 South Orange Ave Suite, Apt. #, etc. 22. Suite 1101 City & State ORLANDO, FL 23. Zip 32801 Country USA	2a. Mailing Address 26. 255 South Orange Ave Suite, Apt. #, etc. 27. Suite 1101 City & State ORLANDO, FL 28. Zip 32801 Country USA	4. FEI Number 59-3225302 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
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9. Name and Address of Current Registered Agent

GRIFFIN, H T
255 SOUTH ORANGE AVENUE
SUITE 1550
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81. Name H.T. Griffin	82. Street Address (P.O. Box Number is Not Acceptable) 255 South Orange Ave	83. Suite 1101	84. City ORLANDO	85. Zip Code FL 32801
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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 607.0905, Florida Statutes.

SIGNATURE H.T. Griffin, President
Signature typed or printed name of registered agent and that it is applicable to (Name of Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRIFFIN, GREGORY T 635 N. MAITLAND AVE. MAITLAND FL 32751 <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	President H.T. Griffin 255 S. ORANGE AVE - #1101 ORLANDO, FL 32801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRIFFIN, H T 1301 N LAKE SYBELIA DR MAITLAND FL 32751 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRIFFIN, JEAN H 1301 N LAKE SYBELIA DR MAITLAND FL 32751 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: H.T. Griffin, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
(407) 425-2518 1/29/96
Date Daytime Phone #

CR2E034 (12/95)