

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

FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT, CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000085325 (7)**

1. Corporation Name

**GARBER BUICK-PONTIAC-GMC TRUCK, INC.**



Principal Place of Business <b>500-501 N ORANGE AVENUE GREEN COVE SPRINGS FL 32043 US</b>	Mailing Address <b>GARBER MANAGEMENT GROUP 4855 STAE STREET SUITE 3A SAGINAW MI 48603 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/09/1993</b>	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-3216254</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent <b>HARRIS, RON 601 N ORANGE AVE GREENCove SPRINGS FL 32043</b>				10. Name and Address of New Registered Agent	

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

11. Pursuant to the provisions of Sections 607.050<sup>2</sup> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	CITY-ST-ZIP	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2. <b>DV GARBER, RICHARD J JR 4855 STATE STREET, SUITE 3A SAGINAW MI 48603</b>		2.1 TITLE	
3. <b>ST DICKEN, MICHAEL R 4855 STATE STREET SUITE 3A SAGINAW MI 48603</b>		2.2 NAME	
4. <input type="checkbox"/> DELETE		2.3 STREET ADDRESS	
5. <input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP	
6. <input type="checkbox"/> DELETE		3.1 TITLE	
7. <input type="checkbox"/> DELETE		3.2 NAME	
8. <input type="checkbox"/> DELETE		3.3 STREET ADDRESS	
9. <input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP	
10. <input type="checkbox"/> DELETE		4.1 TITLE	
11. <input type="checkbox"/> DELETE		4.2 NAME	
12. <input type="checkbox"/> DELETE		4.3 STREET ADDRESS	
13. <input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	
14. <input type="checkbox"/> DELETE		5.1 TITLE	
15. <input type="checkbox"/> DELETE		5.2 NAME	
16. <input type="checkbox"/> DELETE		5.3 STREET ADDRESS	
17. <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	
18. <input type="checkbox"/> DELETE		6.1 TITLE	
19. <input type="checkbox"/> DELETE		6.2 NAME	
20. <input type="checkbox"/> DELETE		6.3 STREET ADDRESS	
21. <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP	

14. I 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:

*[Signature]*

*[Signature]*

*[Signature]*

CR2E034 (10/97)