SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P93000086146	(6)
L. Corporation Name	1 0000000110	10

MAGNUM MOTORS OF STUART, INC.

Principal Place of Business Ma ling Address 4900 S.E. FEDERAL HWY 4900 S.E. FEDERAL HWY



US US		1997			3. Date Incorporated or Qualified 01/01/1994		3a. Date of Last Report 09/28/1995	
2. Principal Pi	lace of Business	2a. Mailing Ad	aress	A		4. FEI Number		Applied For
26			65-0473380		Not Applicable			
Suite, Apt	Suite, Apt #, etc Suite, Apt #, etc.				5. Certificate of Status Desired	X	\$8.75 Additional Fee Required	
City & State City & State 28		e			Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip 4	Country 25	Ζιp 29	30 Co	untry	***************************************	8. This corporation has liability for a Florida Statutes	intangibl Ž Yes [e tax under si 199 032 No
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered	Agent
MESSICH, RICHARD 4900 S.E. FEDERAL HWY STUART FL 34997				83 84	City	ress (P.O. Box Number is Not Acceptab	FI	
office or r	to the provisions of Sections 607,050 registered agent, or both, in the State am familiar with, and accept the obligation for the provision of registered agents.	of Florida, Such cha ations of, Section 60	ange was authorize 7.0505, Florida Sta	d by the	e corporati	oration submits this statement for the pron's board of directors. I hereby accept to the properties of	t the app	ointment as registered
12.	OFFICERS AN	D DIRECTORS	13			ADDITIONS/CHANGES TO OFFIC	ERS AN	ID DIRECTORS IN 12
TITLE	PT		DELETÉ 11	TITLE			,	Change Ado tion
NAME	MESSICK, CONNIE L		12	NAME				
STREET ADDRESS	4900 S.E. FEDERAL HWY		. 13	STREET A	DDRESS			

SIGNATURE	Signature type that profeshame of registered agreet and title if simplicative		r d Me 13 i C K		7-0/-96
12.	OFFICERS AND DIRECTORS	(14.717 - 60	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	PT	DELETÉ	1 1 TITLE		Change Ado tion
NAME	MESSICK, CONNIE L		1.2 NAME		
STREET ADDRESS	4900 S.E. FEDERAL HWY		13 STREET ADDRESS		
CITY-ST-ZIP	STUART FL 34997		1.4 CITY - ST - ZIP		
TITLE	VS	DELETE	2 1 TITLE		Change Addition
NAME	MESSICK, RICHARD		2.2 NAME		
STREET ADDRESS	3774 S.E. FEDERAL HWY		2 3 STREFT ADDRESS		
CITY - ST - ZIP	STUART FL 34997		2 4 CITY - ST - ZIP		
TITLE	L) DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			34 CITY-S1-ZIP		
TITLE] DELETE	4 1 TITUE		Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - \$1 - ZIP		
TITLE		DELETE	5 1 FITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			54 C(TY - ST - 7)P		
TITLE		DEFELE	6 t TitlE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STHEFT ADDRESS		
			6 LOVEY CZ 710		

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)(x). Fiorida Statutes 1 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 path; that I arn an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07-01-96 407 · 781-4514