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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000048150 (4)

DELRAY AUTOMOTIVE, INC.

75 N.E. 6TH SUITE 109	ace of Business  AVENUE  ACH FL 33483	Mailing Address 75 N.E. 6TH AVENUE SUITE 109 DELRAY BEACH FL 3			
		Water Carry 1 5 T		3. Date Incorporated or Qualific 06/27/1994	ed 3a. Date of Last Report 04/23/1996
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Ap	nt # etc	Suite. Apt. #, etc.		65-0505374	Not Applicable \$8.75 Additional
22	и. н. ощ.	27	•	5. Certificate of Status Desired	Fee Required
City & Sta	ate	City & State		6. Election Campaign Financing	\$5.00 May Be
23	an a madelak sankas ak sa an kilika ka gas sasa, kama karamata wa anasa wa manawawa wa wan kwanka ka ka sa an	28		Trust Fund Contribution	Added to Fees
Ζιρ	Country	Zip	Country	1	for intangible tax under s. 199.032,
24	25] 9. Name and Address of Curre	29 ant Registered Agent	30	Florida Statutes  10. Name and Address of New	Yes No
NA/I	ILLIAM H. HOPKINS		81 Name		
53 -St	800 COUNTER PLAY RD DITE 380 ALM BEACH GARDENS FL 33418	3	5	dress (P.O. Box Number is Not Acce 300 Counter C Im Beach Farden	Play Rd.  S lest zin Code
11. Pursuar office or	nt to the provisions of Sections 607.09 registered agent, or both, in the Sta	502 and 607.1508, Florida S te of Florida. Such change v	tatutes, the above-named covas authorized by the corpor	orporation submits this statement for tration's board of directors. I hereby a	he purpose of changing its registered coept the appointment as registered
agent i SIGNATURE	ſ		o, Florida Statutes.		
12.	Signature: typed or printed name of registered a		(NOTE: Registered Agent eignature rec		DATE FFICERS AND DIRECTORS IN 12
THILE	PSTD OFFICERS A	ND DIRECTORS DELETE		ADDITIONS/OFFIANGES TO OF	Change Addition
NAME	HOPKINS, WILLIAM	•	1,2 NAME		
STREET ADDRESS	THE SOURCES OF AN BOAR	)	1.3 STHEET ADDRESS		
City - S1 - ZiP	PALM BEACH GARDENS FL	33418	1.4 CITY-ST-ZIP		
THILE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS	8		2.3 STREET ADDRESS	•	<b>5</b> - 5
CHY-ST-ZIP		DELETE	2 4 CITY-\$T-ZIP 3.1 TITLE	**************************************	Change Addition
NAME		Second to be be to be	3.2 NAME	•	hand writings band resulting
STREET ADDRESS	S .		3.3 STREET ADDRESS		
C:TY-ST-ZIP			3.4. CITY-S1-ZIP		
TITLE		DELETE			Change Addition
NAME			4. 2 NAME		
STHEET ADDRESS	4		4.3 STREET ADDRESS		
CHY-SY-ZIP			4.4 CITY-ST-ZIP		
THILE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ACTIRES	s		5.3 STREET ADDRESS		
CHY-ST-7IP		· ·	5.4 CITY+ST+ZIP		
THTLE		DELETE			Change Addition
NAME			6.2 NAME		
STREET ADDRESS	s I		6.3 STREET ADDRESS		

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.

6.4 CITY - ST - ZIP

SIGNATURE: KIND COURT

CITY-ST-ZIP

468/97 56/845//00 Date Davime Phone

**FILED** 

May 05 1997 8:00am

Secretary of State