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

FILED
96 SEP 11 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000050211 (9)**

1. Corporation Name
STUART AUTO MALL, INC.

Principal Place of Business	Mailing Address
3801 S.E. FEDERAL HIGHWAY STUART FL 34997	3801 S.E. FEDERAL HIGHWAY STUART FL 34997

3. Date Incorporated or Qualified: 07/07/1994
3a. Date of Last Report: 03/31/1995

2. Principal Place of Business
21: 2755 S.E. Federal Hwy
22: Suite, Apt. #, etc
23: City & State: Stuart FL
24: Zip: 34997 25: Country: USA

2a. Mailing Address
26: 2755 S.E. Federal Hwy.
27: Suite, Apt. #, etc
28: City & State: Stuart FL
29: Zip: 34994 30: Country: USA

4. FEI Number: 65-0530467 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WILLIAM A CHAMBERIAN
3801 S. FEDERAL HIGHWAY
777 S. FLAGLER DRIVE
STUART FL 33401-6198

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 2445 S.E. Federal Hwy.
83
84 City: **FL** 85 Zip Code: 34994

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 607.0505, Florida Statutes.

SIGNATURE (Signature, typed or printed name, title or capacity if applicable) (NOTE: Registered Agent signature required when revising) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	WILLIAM A CHAMBERIAN		12 NAME		
STREET ADDRESS	3801 S. FEDERAL HIGHWAY		13 STREET ADDRESS	2445 S.E. Federal Hwy.	
CITY-ST-ZIP	STUART FL		14 CITY-ST-ZIP	34994	
TITLE	DSV	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	WILLIAM F. CHAMBERIAN		22 NAME		
STREET ADDRESS	3801 S. FEDERAL HIGHWAY		23 STREET ADDRESS	2445 S.E. Federal Hwy.	
CITY-ST-ZIP	STUART FL		24 CITY-ST-ZIP	34994	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS	200001955142	
CITY-ST-ZIP			34 CITY-ST-ZIP	-09/24/96--01137--019 ****225.00 ****225.00	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 11 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William A Chamberian 9/6/96 561 288 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #