

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. Morlham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000051732 (3)

1. Corporation Name

STUART AUTO WORLD, INC.



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

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 2755 S.E. Federal Hwy	26 2755 S.E. Federal Hwy	07/13/1994	03/31/1995
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
23 Stuart FL	28 Stuart FL	65-0530465	Not Applicable
24 34994	29 34994	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 USA	30 USA	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	10. Name and Address of New Registered Agent
CHAMBERLAIN, WILLIAM A 3801 S.E. FEDERAL HIGHWAY STUART FL 34997	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code
	FL 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 _____ (NOTE: Registered Agent's signature required when changing agent.) DATE _____

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

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 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: William A. Chamberlain

CR2E034 (3/96)