

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 19 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000051732 (3)

1. Corporation Name

STUART AUTO WORLD, INC.

Principal Place of Business

2755 S.E. FEDERAL HWY
STUART FL 34994
US

Mailing Address

2755 S.E. FEDERAL HWY
STUART FL 34994
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1994

4. FEI Number

65-0530465

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 3725 S.E. FEDERAL HWY

2a. Mailing Address

26 3725 S.E. FEDERAL HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 STUART FL

City & State

28 STUART FL

Zip

24 34997

Country

25 MARTIN

Zip

29 34997

Country

30 MARTIN

9. Name and Address of Current Registered Agent

CHAMBERLAIN, WILLIAM A
2445 S.E. FEDERAL HWY
STUART FL 34994

CHANGE
OF ADDRESS

10. Name and Address of New Registered Agent

81 Name William A. CHAMBERLAIN

82 Street Address (P.O. Box Number is Not Acceptable)

3725 SE FEDERAL HWY

83

84 City STUART

FL

85

Zip Code 34997

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 607.0605, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/3/98

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME WILLIAM A CHAMBERIAN
STREET ADDRESS 2445 S.E. FEDERAL HWY
CITY-ST-ZIP STUART FL

DELETE

TITLE DSV
NAME WILLIAM F. CHAMBERIAN
STREET ADDRESS 2445 S.E. FEDERAL HWY
CITY-ST-ZIP STUART FL

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPT
1.2 NAME WILLIAM A. CHAMBERIAN
1.3 STREET ADDRESS 3725 SE FEDERAL HWY
1.4 CITY-ST-ZIP STUART FL 34997

Change Addition

2.1 TITLE DSV
2.2 NAME WILLIAM F CHAMBERIAN
2.3 STREET ADDRESS 3725 SE FEDERAL HWY
2.4 CITY-ST-ZIP STUART FL 34997

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 of William A. Chamberlain

8/3/98 561-288-1999

CR2E034 (5/98)