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 # P94000056220 (4)

1. Corporation Name

BM WHOLESALE AUTOMOTIVE, INC.

Principal Place of Business

5023 BOWDEN RD
JACKSONVILLE BEACH FL 32250
US

Mailing Address

5023 BOWDEN RD
JACKSONVILLE BEACH FL 32250
US

3. Date Incorporated or Qualified: 07/28/1994

3a. Date of Last Report: 01/20/1995

4. FEI Number: 59-3257939 [ ] Applied For [ ] Not Applicable

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

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**

BURGESS, WAYLAND
2312-302 COSTA VERDE BLVD.
JACKSONVILLE BEACH FL 32250

10. **Name and Address of New Registered Agent**

81 Name: Hicks, Chrry l
82 Street Address (P.O. Box Number is Not Acceptable): 11374 Motor Yacht Dr. N
83
84 City: Jacksonville FL 85 Zip Code: 32225

11. Pursuant to the provisions of Sections 607.0502 and 617.1508, 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 ____________________

12. OFFICERS AND DIRECTORS

TITLE	P	[X] DELETE
NAME	BURGEES, WAYLAND	
STREET ADDRESS	2912-302 COSTA VERDE BLVD	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	ST	[ ] DELETE
NAME	HICKE, WALTER G	
STREET ADDRESS	22974 MOTOR YACHT DR N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ST	[ ] Change [✓] Addition
1.2 NAME	Hicks, Chrryl A.	
1.3 STREET ADDRESS	11374 Motor Yacht Dr. N	
1.4 CITY-ST-ZIP	Jacksonville, Fl. 32225	
2.1 TITLE	P	[✓] Change [ ] Addition
2.2 NAME	Hicks, Walter G.	
2.3 STREET ADDRESS	11374 Motor Yacht Dr. N.	
2.4 CITY-ST-ZIP	Jacksonville, Fl. 32225	
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(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: Cheryl A. Hicks / Cheryl A. Hicks 7/1/96 904-731-3554

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR