

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murray
Secretary of State
TALLAHASSEE, FLORIDA 32399-0001

APPROVED
AND
FILED

MAY 11 AM 2:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000065789 (7)**

1. Corporation Name
PRIME AUTO SALES OF PALM BAY, INC.

Principal Office Address: **1580 PALM BAY ROAD NE
PALM BAY FL 32905**
Mailing Address: **1580 PALM BAY ROAD NE
PALM BAY FL 32905**

DO NOT WRITE IN THIS SPACE

3. Date in operation of report: **09/02/1994** 3a. Date of last report: **first**

2. Principal Office (Business)	2a. Mailing Address	4. FEI Number	Applied For
21. State, Apt. # etc.	26. State, Apt. # etc.	59-3262441	Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. City & State	29. City & State	7. This corporation has had any of the following Florida Statutes	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent								
DRUCKENMILLER, THOMAS 530 SAWGRASS CIRCLE MELBOURNE FL 32940	<table border="1"> <tr> <td>81. Name</td> <td></td> </tr> <tr> <td>82. Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>83. City</td> <td></td> </tr> <tr> <td>84. City</td> <td>FL 85. Zip Code</td> </tr> </table>	81. Name		82. Street Address (P.O. Box Number is Not Acceptable)		83. City		84. City	FL 85. Zip Code
81. Name									
82. Street Address (P.O. Box Number is Not Acceptable)									
83. City									
84. City	FL 85. Zip Code								

11. Pursuant to this provision of law (see Fla. Statutes 222.02 and 222.1509, Florida Statutes), the above named corporation submits the statement for the purpose of changing its registered office or registered agent or both to 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 licensed with and accept the obligations of Section 222.02(9)(b), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME		13.1 NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
12.2 STREET ADDRESS		13.2 NAME	
12.3 CITY, STATE		13.3 STREET ADDRESS	
12.4 NAME		13.4 CITY, STATE	
12.5 NAME		13.5 NAME	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
12.6 STREET ADDRESS		13.6 NAME	
12.7 CITY, STATE		13.7 STREET ADDRESS	
12.8 NAME		13.8 CITY, STATE	
12.9 NAME		13.9 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12.10 STREET ADDRESS		13.10 NAME	
12.11 CITY, STATE		13.11 STREET ADDRESS	
12.12 NAME		13.12 CITY, STATE	
12.13 NAME		13.13 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12.14 STREET ADDRESS		13.14 NAME	
12.15 CITY, STATE		13.15 STREET ADDRESS	
12.16 NAME		13.16 CITY, STATE	
12.17 NAME		13.17 NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12.18 STREET ADDRESS		13.18 NAME	
12.19 CITY, STATE		13.19 STREET ADDRESS	
12.20 NAME		13.20 CITY, STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, and that the exemption stated in law has been obtained. I further certify that the information included on this annual report is confidential and that my signature shall have the same legal effect as if made under oath. This filing is subject to the provisions of the corporation and the laws of the State of Florida. I am authorized to execute this report as required by Chapter 222, Florida Statutes, and that my name appears on the report as required by law.

SIGNATURE: *Thomas E. Druckenmiller*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Thomas E. Druckenmiller, President

4/28/95 407 722-1999