

**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 # P94000065789 (7)
1. Corporation Name

PRIME AUTO SALES OF PALM BAY, INC.



Principal Place of Business: 1580 PALM BAY ROAD NE, PALM BAY FL 32905
Mailing Address: 1580 PALM BAY ROAD NE, PALM BAY FL 32905

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1677 LAKE M.		26 P.O. Box 61588		09/02/1994		05/01/1995	
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		4. FEI Number		Applied For	
23 COCOA FL		28 Palm Bay FL		59-3262441		Not Applicable	
24 32922		25 BREVARD		29 32906-1588		30 Brevard	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				\$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DRUCKENMILLER, THOMAS 530 SAWGRASS CIRCLE MELBOURNE FL 32940				81 Name CARLOS A. BRITOS			
				82 Street Address (P.O. Box Number is Not Acceptable) 508 ALMOND AVE N.W.			
				83			
				84 City PALM BAY FL 85 Zip Code 32907			

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: *Carlos Britos* 6/21/96
Signature typed or printed name of registered agent and title if applicable. (Title: Registered Agent's signature required when registering.) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P DRUCKENMILLER, THOMAS E <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P CARLOS A. BRITOS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRUCKENMILLER, THOMAS E	1.2 NAME	CARLOS A. BRITOS
STREET ADDRESS	530 SAWGRASS CIRCLE	1.3 STREET ADDRESS	508 ALMOND AVE N.E
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	PALM BAY FL 32907
TITLE	ST DRUCKENMILLER, LAURIE A <input checked="" type="checkbox"/> DELETE	2.1 TITLE	ST CARMEN M. BRITOS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRUCKENMILLER, LAURIE A	2.2 NAME	CARMEN M. BRITOS
STREET ADDRESS	530 SAWGRASS CIRCLE	2.3 STREET ADDRESS	508 ALMOND AVE N.E
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	PALM BAY FL 32907
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: *Carlos Britos* 6/21/96 407-722-1944 407-952-8735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Date/Time)

CR2E034 (3/96)