FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000068376 (0)**

1. Corporation Name

FLORIDA AUTOMOTIVE PARTNERS, INC.

PERMITTED BY MAY 1
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
120 N.W. 12TH AVENUE DEERFIELD BEACH FL 33442	120 N.W. 12TH AVENUE DEERFIELD BEACH FL 33442

3. Date Incorporated or Qualified: 09/16/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26

4. FEI Number: 65-0521515 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22 / 27

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State — 23 / 28

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip — 24 / Country — 25 / Zip — 29 / Country — 30

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D/C	11 TITLE	☐ Change ☐ Addition
NAME	NIXON, Michael	12 NAME	
STREET ADDRESS	100 NW 12TH AVE	13 STREET ADDRESS	
CITY-ST-ZIP	Deerfield Beach FL 33442	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	WOLK, SIDNEY D	22 NAME	
STREET ADDRESS	4040 MYSTIC VALLEY PKWY.	23 STREET ADDRESS	
CITY-ST-ZIP	Boston, MASS 02155	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	WOLK, NATHAN	32 NAME	
STREET ADDRESS	4040 MYSTIC VALLEY PKWY.	33 STREET ADDRESS	
CITY-ST-ZIP	BOSTON, MASS 02155	34 CITY-ST-ZIP	
TITLE	D/EV/S	41 TITLE	☐ Change ☐ Addition
NAME	DAVIS, JEFFREY	42 NAME	
STREET ADDRESS	100 N.W. 12TH AVE	43 STREET ADDRESS	
CITY-ST-ZIP	Deerfield Beach FL 33442	44 CITY-ST-ZIP	
TITLE	P	51 TITLE	☐ Change ☐ Addition
NAME	Connolly, RICHARD	52 NAME	
STREET ADDRESS	4040 MYSTIC VALLEY PKWY	53 STREET ADDRESS	
CITY-ST-ZIP	Boston, MASS 02155	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	Meinhart, CAROL S.	62 NAME	
STREET ADDRESS	4040 MYSTIC VALLEY PKWY.	63 STREET ADDRESS	
CITY-ST-ZIP	Boston, MASS 02155	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)(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] SECRETARY 4/25/95 305 420-4585
Authorized Person(s) Signature — Name of Signing Officer or Director — Date — Daytime Phone #
JEFFREY DAVIS

0000826 CP

p94-68376

FLORIDA AUTOMOTIVE PARTNERS, INC.

1995 FLORIDA CORPORATION ANNUAL REPORT

KEY TO ADDITIONAL SYMBOLS USED

EV = EXECUTIVE VICE PRESIDENT