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Jan 22 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000080005 (9)

1. Corporation Name  
FT. PIERCE NISSAN, INC.

Principal Place of Business  
4405 U.S. HIGHWAY ONE  
FORT PIERCE FL 34982

Mailing Address  
4405 U.S. HIGHWAY ONE  
FORT PIERCE FL 34982-6907



3. Date Incorporated or Qualified  
11/01/1994  
3a. Date of Last Report  
01/24/1996

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
26  
27  
28  
29  
30  
4. FEI Number  
22-3333372  
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	VICE PRESIDENT
NAME	GIUFFRE, CARMELO	1.2 NAME	ROCCO PANUCCIO
STREET ADDRESS	105 SPOONBILL RD	1.3 STREET ADDRESS	166 NE BLUE BERRY TRAIL
CITY-ST-ZIP	MANALPAN FL	1.4 CITY-ST-ZIP	JENSEN BEACH FL 34957
TITLE	T	2.1 TITLE	
NAME	GIUFFRE, IANAZIO	2.2 NAME	
STREET ADDRESS	77TH 87TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROOKLYN NY	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	GIUFFRE, JOHN	3.2 NAME	
STREET ADDRESS	35 JEFFREY PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	STATON ISLAND NY	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	IACONO, JOHN	4.2 NAME	
STREET ADDRESS	100 HAYWARD ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	STATON ISLAND NY	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	
NAME	CLARKE, WALTER F	5.2 NAME	
STREET ADDRESS	463 S COUNTRY CLUB DE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT JAN 10 1997

Date Daytime Phone #

CR2E034 (9/96)