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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000050007 (0)

SINGER ISLAND AUTOMOTIVE, INC.

Principal Plac 1290 PLAZA C SINGER ISLAN US		Mailing Address 1260 PLAZA CIR SINGER ISLAND FL 3340 US) 4-4 717	· · · · · · · · · · · · · · · · · · ·					
						3. Date Incorporated or Qualified 06/26/1995		te of Last 18/1996	Report
2. Principal P	Place of Business	2a. Mailing Address 26				4. FEI Number 65-0599364		-	pplied For lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Stat	ee	City & State				Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for			s. 199.032,
24	9. Name and Address of Curr	29	30			Florida Statutes 10. Name and Address of New Re		No	
	NNELLI, FRAN	ent negistered Agent		81 Nam	ιΔ.	10. Name and Address of New Pa	Aistoled	-gont	
	PHILLIPS DR			110					
	CA RATON FL 33432			82 Stree	et Addre	ss (P.O. Box Number is Not Accepta	ble)		
500	DA NATON IL 30432		-	83					
1				84 City			FL	85 Zip	Code
office or r	to the provisions of Sections 607.09 registered agent, or both, in the Statin familiar with, and accept the obl	ate of Florida. Such change was	authorized	by the c	ed corpo orporatio	ration submits this statement for the and acceptage of directors. I hereby acceptage is acceptaged in the control of the contr	purpose of pt the app	changing ointment a	its registered s registered
SIGNATURE	Charles have a second of the control of	the second of the standard second				Lubon reinant no	DATE		
	Stgrature, typed or printed name of registered a		D1E: Rogistered		ure required	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTO	RS IN 12
12.		agent and life if applicable (NC NDD DIRECTORS	DTE: Registered	Agent signa	ure required	when reinstating) ADDITIONS/CHANGES TO OFFI		DIRECTO	RS IN 12
	OFFICERS A	ND DIRECTORS	13.	Agent signat	ure required				
12. TITLE NAME	OFFICERS A	ND DIRECTORS	13. 1.1 TITI 1.2 NAI	Agent signa LF ME					
12. THELE NAME STREET ADDRESS	OFFICERS A D GONNELLI, PAUL JR.	ND DIRECTORS	13. 1.1 TITI 1.2 NAI	Agent signa LE ME REET ADDRES					
12. TITLE NAME	OFFICERS A D GONNELLI, PAUL JR. 580 PHILLIPS DR	ND DIRECTORS	13. 1.1 TITI 1.2 NAI	Agent signa LE ME REET ADDRES Y+S1-ZIP					
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14. If 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.

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Feb 18 1997 8:00am

Secretary of State