FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P95000058680 (6)

HARBOR CITY AUTO MALL, INC. Mailing Address Principal Place of Business 1776 WEST KING STREET 1776 WEST KING STREET COCOA FL 32926-5124 COCOA FL 32926 3. Date Incorporated or Qualified 3a. Date of Last Report 07/28/1995 12/04/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 59-3339532 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name QUARNO, JOHN A III 1776 WEST KING STREET 62 Street Address (P.O. Box Number is Not Acceptable) COCOA FL 32926 83 RA City Zip Code 85 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 Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. Addition THILE DELETE 11 TITLE ☐ Change QUARNO, JOHN A III NAME 1.2 NAME CR2E034 1776 W. KING STREET STREET ADDRESS 1.3 STREET ADDRESS COCOA FL CHY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-SI-ZIP DELETE Change 31 TITLE Addition THILF 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-2IP DELETE Addition Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City-ST-ZIP CITY - ST - ZIP DELETE Change Addition 5.1 TITLE THUE NAME 52 NAME **5.3 STREET ADDRESS** STREET ADDRESS CHY-ST-ZIP 5.4 CITY-ST-ZIP

14. I do nereby 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

61 TITLE

6.2 NAME

63 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

TiTt F

NAME STREET ADDRESS

CiTY - S1 - 718

INA WILLIAMS PRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

JOHN QUALNO III 4/7/97

☐ Change

Addition

FILED

Apr 11 1997 8:00am

Secretary of State