

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

FILED  
Feb 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000069998 (9)**

1. Corporation Name  
**D.J.D. AUTOMOTIVE GROUP, INC.**



Principal Place of Business <b>C/O CITY AUTO BROKERS 4548 W COLONIAL DR ORLANDO FL 32808</b>	Mailing Address <b>C/O CITY AUTO BROKERS 4548 W COLONIAL DR ORLANDO FL 32808</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>City Auto Brokers 10885 W. Colonial Drive Ocoee, FL 34761</b>		2a. Mailing Address <b>City Auto Brokers 10885 W. Colonial Drive Ocoee, FL 34761</b>		3. Date Incorporated or Qualified <b>09/08/1995</b>	
21. Suite, Apt.	22. City & State	26. Suite, Apt.	27. City & State	4. FEI Number <b>59-3334684</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
9. Name and Address of Current Registered Agent <b>BECKER, JOSEPH W 4280 SOUTH WASHINGTON AVENUE TITUSVILLE FL 32780</b>				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent <b>Jennifer L. Parsons 10885 W Colonial Dr. Ocoee FL 34761</b>	
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. State

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 *Jennifer L. Parsons, Secy* **2/11/98**  
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	
TITLE	<b>DST</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>DST</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BECKER, JOSEPH W</b>	1.2 NAME	<b>Jennifer L. Parsons</b>
STREET ADDRESS	<b>4280 S. WASHINGTON AVENUE</b>	1.3 STREET ADDRESS	<b>10885 W. Colonial Dr.</b>
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	1.4 CITY-ST-ZIP	<b>Ocoee FL 34761</b>
TITLE	<b>DV</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ESHENRODER, DONALD O</b>	2.2 NAME	
STREET ADDRESS	<b>4280 SOUTH WASHINGTON AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TITUSVILLE FL 32780</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DPV</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARSONS, R. DAVID</b>	3.2 NAME	
STREET ADDRESS	<b>4548 WEST COLONIAL DRIVE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TITUSVILLE FL 32808</b>	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 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 *R. David Parsons* **2/11/98** **407/877-2277**

CR2E034 (10/97)