

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000070119 (9)
 1. Corporation Name
AUTONATION INCORPORATED



Principal Place of Business ONE FINANCIAL PLAZA SUITE 1700 FORT LAUDERDALE FL 33394	Mailing Address 450 E LAS OLAS BLVD SUITE 1200 FORT LAUDERDALE FL 33301 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 110 SE Sixth St. Suite, Apt. #, etc. 22 Ft. Lauderdale, FL City & State 23 33301 Zip 24 33301 Country		2a. Mailing Address 26 110 SE Sixth St. Suite, Apt. #, etc. 27 Ft. Lauderdale, FL City & State 28 33301 Zip 29 33301 Country 30		3. Date Incorporated or Qualified 09/12/1995	4. FEI Number 65-0608578 Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		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	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUIZENGA, H. WAYNE	1.2 NAME	
STREET ADDRESS	ONE FINANCIAL PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33394	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERRAD, STEVEN R	2.2 NAME	
STREET ADDRESS	ONE FINANCIAL PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33394	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHON, RICHARD C	3.2 NAME	
STREET ADDRESS	ONE FINANCIAL PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33394	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICH, LARRY	4.2 NAME	
STREET ADDRESS	ONE FINANCIAL PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33394	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORSE, STEVEN R	5.2 NAME	
STREET ADDRESS	450 E LAS OLAS BLVD., SUITE 1200	5.3 STREET ADDRESS	110 SE Sixth St.
CITY-ST-ZIP	FORT LAUDERDALE FL	5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	VS <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANDLEY, RICHARD L.	6.2 NAME	James O. Cole
STREET ADDRESS	450 E LAS OLAS BLVD., SUITE 1200	6.3 STREET ADDRESS	110 SE Sixth St.
CITY-ST-ZIP	FT LAUDERDALE FL	6.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301

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; 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: _____ 49-98 954-789-6000

CR2E034 (10/97)