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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P95000070674 (3)**

1. Corporation Name
AUTONATION USA CORPORATION

Principal Place of Business	Mailing Address
ONE FINANCIAL PLAZA SUITE 1700 FORT LAUDERDALE FL 33394	~~ONE FINANCIAL PLAZA~~ ~~SUITE 1700~~ ~~FORT LAUDERDALE FL 33394-0605~~

3. Date Incorporated or Qualified: 09/13/1995
3a. Date of Last Report: 06/14/1996

2. Principal Place of Business (21):
2a. Mailing Address (26): 450 E. Las Olas Blvd.
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27): Ste. 1200
City & State (23):
City & State (28): Ft. Lauderdale, FL
Zip (24): Country (25):
Zip (29): 33301 Country (30): USA

4. FEI Number: 65-0606572 ☐ 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

~~AMERICAN INFORMATION SERVICES, INC.~~
~~1 SE 3RD AVENUE~~
~~27TH FLOOR~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Road
83
84 City: Plantation FL 85 Zip Code: 33324

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: Barbara A Burke — BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY — 1-30-97
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HUIZENGA, H. WAYNE ONE FINANCIAL PLAZA FORT LAUDERDALE FL 33394	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VS Richard L Handley 450 E. Las Olas Blvd. Ste. 1200 Ft. Lauderdale, FL 33301	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP BERRARD, STEVEN R ONE FINANCIAL PLAZA FORT LAUDERDALE FL 33394	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROCHON, RICHARD C ONE FINANCIAL PLAZA FORT LAUDERDALE FL 33394	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICH, LARRY ONE FINANCIAL PLAZA FORT LAUDERDALE FL 33394	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VST MORSE, STEPHEN R ONE FINANCIAL PLAZA FORT LAUDERDALE FL 33394	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	V	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

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] Richard L. Handley 2/20/97 954-713-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #