Amended Annual Report

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jun 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000070674

1. Corporation Name
AutoNation USA Corporation

Principal Place of Business
One Financial Plaza
Suite 1700
Ft. Lauderdale, FL 33394

Mailing Address
450 E. Las Olas Blvd.
Ft. Lauderdale, FL 33301

3. Date Incorporated or Qualified: 9/13/95
3a. Date of Last Report: 3/17/97

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0608572 ☐ 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

10. Name and Address of New Registered Agent
81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable)
83 1200 S. Pine Island Rd.
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 Connie Bryan **CONNIE BRYAN SPECIAL ASSISTANT SECRETARY** DATE 6/20/97
Signature, typed or printed name of registered agent and title if applicable (Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S ☒ DELETE	1.1 TITLE	Jeffrey Davis ☐ Change ☒ Addition
NAME	Richard L. Handley	1.2 NAME	Sr. Vice President Wholesale Operations
STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200	1.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	☐ DELETE	2.1 TITLE	Sr. Vice President Retail Operations ☐ Change ☒ Addition
NAME		2.2 NAME	Gerald Weber
STREET ADDRESS		2.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	☐ DELETE	3.1 TITLE	S ☐ Change ☒ Addition
NAME		3.2 NAME	James O. Cole
STREET ADDRESS		3.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	1000022191 51---3
STREET ADDRESS		5.3 STREET ADDRESS	-06/23/97--01001--010
CITY-ST-ZIP		5.4 CITY-ST-ZIP	****122.50 *****61.25
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: ______ 6/19/97 954-713-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #