

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**  APPROVED

99 FEB 12 PM 3: 05

SECRETARY OF STATE TALL AHASSEE, FLORIDA

**PROFIT** FLORIDA DEPARTMENT OF STATE

1999 DOCUMENT # P95000074761 1. Corporation Name HOLLYWOOD KIA, INC.

Principal Place of Business 1300 N. STATE RD. 7 HOLLYWOOD FL 33021

Mailing Address

110 SE SIXTH ST. 20TH FLOOR

\$	FT. LAUDERDALE FL 33301				DO NOT WRITE IN THIS SPACE					
VII BIODEROILE VE COOL					3. Date Incorporated or Qualifed 09/27/1995					
2. Principal Place of Business	2a. Maite	ng Address			4. FEI Number		Applied For			
8600 Pines Blod.	26				65-0619873	f	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required				
Pambroke Pines, FL	City 28	City & State			6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees				
Zip Country	Zıp	Zip Country			8. This corporation owes the current year Intaggible					
Zip Country 33024 [25]	29	30			Personal Property Tax.	X Yes	s []No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
C T CORPORATION SYSTEM			81	Name						
1200 SOUTH PINE ISLAND ROAD			82 Street Address (P.O. Box Number is Not Acceptable)							
			83	83						
			84	City	Fi	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		Registered Agent signature re	oured when reinstallou) DATE									
			ADDITIONS/CHANGES TO OFFICERS AND	DIDECTOR	C IN 12							
12.	OFFICERS AND DIRECTORS	13.		Change	Addition							
TITLE	P DELETE	1.1 TITLE		_ •								
NAME	MAROONE, MICHAEL	1.2 NAME	4000027768	384-	5.							
STREET ADDRESS	110 SE SIXTH ST.	1.3 STREET ADORESS	-02/16/9901	0340	12							
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	***150.00	****15	$0.00_{-4}$							
TITLE	DVS DELETE	2 1 TITLE		Change	Addition							
NAME	COLE, JAMES O	2 ? NAME										
\$TREET ADDRESS	110 SE SIXTH ST.	23 STREET ADDRESS										
OTY-ST-ZIP	FT. LAUDERDALE FL 33301	2. 4 CITY-ST-ZIP										
TITLE	T □ DELETE	31 TITLE		Change	Addition							
NAME	HYLE, KATHLEEN	3.2 NAME										
STREET ADDRESS	110 SE SIXTH ST.	3 3 STREET ADDRESS										
OTY-ST-ZIP	FT. LAUDERDALE FL 33301	3.4. CITY-ST-ZIP										
TITILE	D DELETE	4.1 TITLE		Change	☐ Addition							
NAME	HAWKINS, THOMAS W	4. 2 NAME										
STREET ADDRESS	110 SE SIXTH ST.	4.3 STREET ADDRESS										
CATY-ST-ZIP	FT. LAUDERDALE FL 33301	4.4 CITY-ST-ZIP										
TITLE	☐ DELETE	5 1 TITLE	l a	Change	Addition							
NAME		5.2 NAME	100									
STREET ADDRESS		53 STREET ADDRESS	NV ON	) /								
CITY-ST-ZIP		54 CITY-ST-ZIP	10 - 1									
TITLE	☐ DELETE	61 TITLE	J	Change	Addition							
NAME		6 2 NAME										
STREET ADDRESS		63 STREET ADDRESS										
		64 CITY 61 7iD										

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 of 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, with a trother like empowered.

**SIGNATURE:**