## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **APPROVED** FLORIDA DEPARTMENT OF STATE AND CORPORATION Sanora B. Mortham ·ANNUÄL REPORT Secretary of State 1996 \*DIVISION OF CORPORATIONS 1996 SEP -6 PM 1: 57 P95000077856 **DOCUMENT #** SECRETARY OF STATE TALLAHASSEE.FLORIDA Superior Auto SALON, INC. 800001952318 -09/20/96--01014--011 Principa: Place of Business \*\*\*\*225.00 \*\*\*\*225.00 7255 NW 68 DRIVE PARKLAND, FL. 2530 W. COMMERCIAL BLUD. TAMARAC, FL. 33309 33067 3. Date Incorporated or Qualified 3a. Date of Last Report 2. Principal Place of Business 2a 21 2530 W. COMMERCIAC BLD 26 4. FEI Number 65-062878/ 2a. Mailing Address NW 68 DRIVE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State \$5.00 May Be 6. Election Campaign Financing PARKLAND, FC. IAMARAC, H. Trust Fund Contribution Added to Fees 8. This corporation has liability of intangible tax under s 199 032 Florida Statutes Yes No 30 BROWARI) 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name STEVEN WEISS Street Address IP O Box Number Is Not Acceptable) 82 83 ARKLAND 11. Pursuant to the provisions of office or registered age it, or 07 1508. Flor da Statutes, the above-named corporation submits this statement for the purpose of changing its registered. In Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered. Section 607 0505. Florida Statutes. SIGNATURE (No. 11). Help terest Asjent to pair, so togated when redistatings 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1 1 1100 Change \_\_\_Addition NAME WEISS 12 NAME STREET ADDRESS 1.3 STREET ADURESS CITY ST ZIP 1.4 CITY - ST - Z-P DICE DELETE 2.1 000 Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STHEET ADDRESS CON ST-7P 24 City-St. ZiP TITLE L. DELETE 3 1 TiTLE Change A1d-tior NAME 3.2 NAME STREET ADDRESS 3.3 STREET ASORUSS CITY ST-ZIP 3.4 OHY ST-ZIP TITLE DELETE 4 1 11116 Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY #ST 21P 4.4 CHY - S\* - 7:P It It. DELÉTE 5 1 HILE Change Addition NAME 5.2 NAME STREE DDRESS 5.3 STREET ADDRESS CITY ST-ZIP 5.4.C.TY+ST+ZIP TITLE DELETE 6.11.11.6 \_\_ Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STHEET ADDRESS € 4 CITY - ST - ZIP 14. If do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(x). Forida Statutes 1 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 it made under oath that I am an officer or rection of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and r on an attachment with an address 8-7-96 954-731-3120

RINTED NAME OF SIGNING OFFICER OR DIRECTOR