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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000092962 (6)

STUART BUICK, PONTIAC, GMC, INC.

FILED Jan 30 1998 8:00am Secretary of State



		<u></u>				
Principal Place of Business Mailing Address						
2445 SOUTH FEDERAL HIGHWAY 2445 SOUTH FEDERAL HIGHN STUART FL 34994 STUART FL 34994				HWAY		
}	•					DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 12/07/1995
2. Principal P	lace of Business	2a. Mailing Addre	SS			4. FEI Number Applied For
21		26	26			65-0627516 Not Applicable
Suite, Apt.	#, etc.	⊢ ¬	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
City & State	Δ	City & State				
23		28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip	Country	Zip		ountry		This corporation owes or has paid the current year intangible
24	25	29	30	•		Personal Property Tax due June 30. Yes No
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CHAMBERLAIN, WILLIAM A					Name	9
	15 SOUTH FEDERAL HIGHWA	·Υ			<u> </u>	(2.0.0)
	UART FL 34994	••	82 Street /		Stree	t Address (P.O. Box Number is Not Acceptable)
				83		
				-		
				84	City	FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0	0502 and 607.1508, Florida	Statutes, the	above	-name	
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	Signature, typed or printed name of registered	agent and little if applicable.	(NOTE: Registe	ared Ape	nt signatu	re required when reinstating) DATE
12.		AND DIRECTORS	1:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DEL	ETE 1,1	TITLE		Change Addition
NAME	CHAMBERLAIN, WILLIAM A	<i>t</i>	1,2	NAME		
STREET ADDRESS	2445 SOUTH FEDERAL HIS	GHWAY			ADDRESS	
CITY-ST-ZIP	STUART FL 34994			CITY-ST		
TITLE		☐ DEL		TITLE	-211	Change Addition
NAME		_		NAME		_ , _
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				4 CITY-S		
TITLE	-			3.1 TITLE		Change Addition
NAME				NAME		
STREET ADORESS					ADDRESS	
CITY-ST-ZIP				. CITY-S		
TITLE		DEL		TITLE		Change Addition
NAME				NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				CITY-ST		1
TITLE		DELI		TITLE		☐ Change ☐ Addition
NAME		_		NAME		
STREET ADDRESS				STREET A	ADDRESS	
CITY-ST-ZIP			1	CITY-ST		
TITLE		☐ DELI		TITLE	_ LN	Change Addition
NAME				NAME		
STREET ADDRESS					ADDRESS	
				CITY-ST		
14. I bereby c	certify that the information supplied	with this filling does not a	ualify for the e	xempt	-⊿r ion stat	ted in Section 119.07(3)(i). Florida Statutes. I further certify that the information
14. I hereby certify that the Information supplied with this filling 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 challenged for an artischment with an address.						
Block 12 or Block 13 # Enanged or are received to trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my harne appears in Block 12 or Block 13 # Enanged or or an artistic than a chapter so a chapter so an artistic than a chapter so a chapter so a chapter so a chapter so an artistic than a chapter so an artistic than a chapter so a chapter s						