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

PROFIT CORPORATION ANNUAL REPORT 1997

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST- ZIP

STREET ADDRESS CITY - ST - ZIP

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000046676 (8)

PAR EXCELLENCE AUTOMOTIVE, INC.

Principal Place of Business Mailing Address 1500 BELVEDERE ROAD 1500 BELVEDERE ROAD WEST PALM BEACH FL 33408 WEST PALM BEACH FL 3:			06-1502	-1502			
					3. Date Incorporated or Qualified 05/29/1996	3a. Date of Last Report	
		28. Mailing Address 26 /3931 Gera	- 140°01 A		4. FEI Number 65 - 0677055	Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Sta	8 State City & State 28 Welling ton		F	L	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Country 25	29 33414 3	Country US		8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
WALLWORK, PETER C				Name			
1500 BELVEDERE ROAD WEST PALM BEACH FL 33406			82	82 Street Address (P.O. Box Number is Not Acceptable)			
			83				
			84	City		85 Zip Code	
				_			
11. Pursuan office or	it to the provisions of Sections 607, registered agent, or both, in the S	0502 and 607.1508, Florida Statutes tate of Florida. Such change was aul	the abov	e-named cor y the corpora	poration submits this statement for the pation's board of directors. I hereby accept	urpose of changing its registered. If the appointment as registered.	
	7 X		c C. (s. (-1:	ahha	
SIGNATURE	Stg lattire, typed or printed name of registered			ent signature requ	uired when reinstaling)	DATE TO THE PROPERTY OF THE PARTY OF THE PAR	
12./		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
m	PVST	DELETE	1.1 TITLE		Change Addition		
NAME	WALLWORK, PETER C		1.2 NAME				
STREET ADDRESS			1.3 STREET	ADDRESS			
CITY-ST-ZIP	WEST PALM BEACH FL 33		1.4 CITY - 5	ST - ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition	
NAME	WALLWORK, PETER C		2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS			
PITV. CT. DID	WEST PALM BEACH FL 33	1406	2 ACITY.	CT . 7/D			

CITY-ST-ZIP 6.4 CITY - ST - ZIP 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 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 changes, or on an attachment with an address.

3.1 TITLE

3.2 NAME

4.1 TITLE 4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY - ST- ZIP

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

3.4. CITY-ST-ZIP

DELETE

DELETE

DELETE

DELETE

FILED

Feb 17 1997 8:00am

Secretary of State

☐ Change

Change

Change

Change

Addition

Addition

Addition

Addition