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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Feb 07 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000083123 (5)

AUTO DEALERS GROUP, INC.

1401 HIGHWAY A1A VERO BEACH FL 32963		1401 HIGHWAY A1A VERO BEACH FL 32963			
, <u> </u>				3. Date incorporated or Qualified 10/04/1996	3a. Date of Last Report
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		(25-07027d)	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		[27]			Fee Hequired
City & State		City & State	<u>├</u>		\$5.00 May Be Added to Fees
<b>23</b> Zip	Country		Country	Trust Fund Contribution  8. This corporation has liability for it	
24	25	29 30	¬ ·	· · · · · · · · · · · · · · · · · · ·	Yes No
	9. Name and Address of Curre			10. Name and Address of New Re	glatered Agent
CALDWELL, WILLIAM W			81 Name	<del></del>	
756	BEACHLAND BOULEVARD		82 Street Ac	ddress (P.O. Box Number is Not Acceptab	yle)
VER	O BEACH FL 32963				
			83		
			84 City	. , , , , , , , , , , , , , , , , , , ,	85 Zip Code
4 5	A Partieur COZ OF	on	"	orporation submits this statement for the p	FL   00 2.15 0000
office or re	to the provisions of Sections 607.001 registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was aut	thorized by the corpo	oration's board of directors. I hereby accep	or the appointment as registered
SIGNATURE	Signature hypero or printed name of registered ag	pert and title if applicable. (NOTE: F	Registered Agent signature rec	equired when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE	1,1 TITLE		Change Addition
NAME	PETERS, FRED C II		1,2 NAME		
STREET ADDRESS	1401 HIGHWAY A1A		1.3 STREET ADDRESS		
CiTY-ST-ZIP	VERO BEACH FL 32963	<u></u>	1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY - S1 - ZIP			2. 4 CITY-ST-ZIP		The second secon
TITLE		L DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		T OCCUTE	3.4. CITY+ST-ZIP		Change Addition
TOTLE		☐ D£LETE	4.1 TITLE		L Change L Addition
NAMÉ			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition
TITLE			5.2 NAME		Li bildinge Lii ripemen
NAME					
STREET ADDRESS			5.3 STREET ADDRESS		
CITY+ST+ZIF TITLE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DELETE	5.4 CITY-ST-ZIP 61 TITLE		Change Addition
NAME		peere	62 NAME		had triunge had the same.
STREET ADDRESS			63 STREET ADDRESS		
CITY-SI-ZIP			6.4 City-St-ZiP		
14. Ldo herel	L	ed with this filing does not qualify	for the exemption sta	ated in Section 119.07(3)(i), Florida Statute	s. I further certify that the
informatic Lam an o	on indicated on this annual report or officer or director of the corporation of in Block 12 or Block 13 iftchanged,	supplemental annual report is truitor the receiver or trustee propower	ie and accurate and the red to execute this rej	that my signature shall have the same lega sport as required by Chapter 607, Florida S	il effect as if made under oath; that statutes; and that my name