

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

FILED
Feb 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000004827			
1. Corporation Name: Pan American Cars of Florida, Inc.			
Principal Place of Business: 350 So. County Rd. Suite 201, Palm Beach, FL 33480		Mailing Address: Same	
2. Principal Place of Business: Same		2a. Mailing Address: Same	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.	
22. City & State		27. City & State	
23. Zip		28. Zip	
24. Country		29. Country	
25. Country		30. Country	
3. Date Incorporated or Qualified: Jan 13, 1997		4. FEI Number: <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired: <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing: <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent: Tamela A. Bearson, 350 So. County Rd. Suite 201, Palm Beach, FL 33480		10. Name and Address of New Registered Agent: Tamela A. Bearson, 350 So. County Rd. Suite 201, Palm Beach, FL 33480	
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, 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.		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, 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: Tamela A. Bearson		DATE: 2-12-98	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: President		1.1 TITLE: President	
2. NAME: Paul A. Swick		1.2 NAME: Tamela A. Bearson	
3. STREET ADDRESS: 350 So. County Rd. Suite 201, Palm Beach, FL 33480		1.3 STREET ADDRESS: 350 So. County Rd. Suite 201, Palm Beach, FL 33480	
4. CITY-ST-ZIP: Palm Beach, FL 33480		1.4 CITY-ST-ZIP: Palm Beach, FL 33480	
5. TITLE: <input type="checkbox"/> DELETE		2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME: <input type="checkbox"/> DELETE		2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
7. STREET ADDRESS: <input type="checkbox"/> DELETE		2.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
8. CITY-ST-ZIP: <input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
9. TITLE: <input type="checkbox"/> DELETE		3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. NAME: <input type="checkbox"/> DELETE		3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. STREET ADDRESS: <input type="checkbox"/> DELETE		3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. CITY-ST-ZIP: <input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
13. TITLE: <input type="checkbox"/> DELETE		4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. NAME: <input type="checkbox"/> DELETE		4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
15. STREET ADDRESS: <input type="checkbox"/> DELETE		4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
16. CITY-ST-ZIP: <input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
17. TITLE: <input type="checkbox"/> DELETE		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
18. NAME: <input type="checkbox"/> DELETE		5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
19. STREET ADDRESS: <input type="checkbox"/> DELETE		5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
20. CITY-ST-ZIP: <input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
21. TITLE: <input type="checkbox"/> DELETE		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22. NAME: <input type="checkbox"/> DELETE		6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
23. STREET ADDRESS: <input type="checkbox"/> DELETE		6.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
24. CITY-ST-ZIP: <input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 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 changed, or on an attachment with an address.		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 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 changed, or on an attachment with an address.	
SIGNATURE: Tamela A. Bearson		DATE: 2-12-98	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE AND DAYTIME PHONE #	
		561-832	

CR2E034 (10/97)