


**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90133 028 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000025890**

1. Corporation Name

**SONIC AUTOMOTIVE COLLISION CENTER OF CLEARWATER, INC.**

562891 - 90008 - 18



Principal Place of Business	Mailing Address
2300 DREW STREET CLEARWATER FL 34625	2300 DREW STREET CLEARWATER FL 34625

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/19/1998

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-3501024	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**MARKS, KEN JR.**  
**24825 U.S. HIGHWAY 19 NORTH**  
**CLEARWATER FL 34623 33763**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL 33763
83	
84 City	

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 title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, B S	1.2 NAME	
STREET ADDRESS	2300 DREW STREET	1.3 STREET ADDRESS	5401 E. INDEPENDENCE BLVD.
CITY-ST-ZIP	CLEARWATER FL 34625	1.4 CITY-ST-ZIP	CHARLOTTE, NC 28218
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, THEODORE M	2.2 NAME	
STREET ADDRESS	2300 DREW STREET	2.3 STREET ADDRESS	5401 E. INDEPENDENCE BLVD.
CITY-ST-ZIP	CLEARWATER FL 34625	2.4 CITY-ST-ZIP	CHARLOTTE, NC 28218
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, O B	3.2 NAME	
STREET ADDRESS	2300 DREW STREET	3.3 STREET ADDRESS	5401 E. INDEPENDENCE BLVD.
CITY-ST-ZIP	CLEARWATER FL 34625	3.4 CITY-ST-ZIP	CHARLOTTE, NC 28218
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	ASST. M/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	ROBERT HUDSON
STREET ADDRESS		4.3 STREET ADDRESS	24825 U.S. HWY. 19 N.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CLEARWATER, FL. 33763
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/199)