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May 06, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000038586 1. Corporation Name JAGUAR SALES OF SOUTH FLORIDA, INC.			
Principal Place of Business 524 SOUTH DIXIE HIGHWAY POMPANO BEACH FL 33060		Mailing Address 524 SOUTH DIXIE HIGHWAY POMPANO BEACH FL 33060	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent WESTON, TOD ANDREW ESQUIRE 6350 N. ANDREWS AVENUE FORT LAUDERDALE FL		10. Name and Address of New Registered Agent 81 Name LEVINE, MITCHELL 82 Street Address (P.O. Box Number is Not Acceptable) 2461 NW 95 AVE 83 CORAL SPRINGS 84 City FL 85 Zip Code 33065	
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 <i>[Signature]</i> DATE 4/27/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P T O NAME LEVINE MITCHELL STREET ADDRESS 2461 NW 95 AVE CITY-ST-ZIP CORAL SPRINGS FLA 33065		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE Barbara Levine Sec NAME STREET ADDRESS 2461 NW 95th Ave CITY-ST-ZIP Coral Springs, FL 33065		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE WALTER LAYTON Treas NAME STREET ADDRESS 8875 RAMBLEWOOD Dr #2011 CITY-ST-ZIP CORAL SPRINGS FL 33071		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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]* REQUIRED MITCHELL LEVINE

4/27/99

Date

Daytime Phone #

0174382

CR2E034 (1/98)