

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

FILED
Feb 18 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 # S05675 (1)
1. Corporation Name
PALM AUTO PLAZA, INC.



Principal Place of Business
501 SOUTH MILITARY TRAIL
WEST PALM BEACH FL 33415

Mailing Address
521 SOUTH MILITARY TRAIL
WEST PALM BEACH FL 33415

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 735 SOUTH MILITARY TRAIL		26 551 SOUTH MILITARY TRAIL		10/12/1990	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		4. FEI Number	
22		27		65-0224472	
City & State		City & State		5. Certificate of Status Desired	
23 WEST PALM BEACH, FL		28 WEST PALM BEACH, FL.		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
33415		33415		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes or has paid the current year Intangible	
25 USA		30 USA		Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

THOMPSON, DOUGLAS E.
4524 GUN CLUB RD., STE 101
WEST PALM BEACH FL 33415

10. Name and Address of New Registered Agent

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

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]* DOUGLAS E. THOMPSON 01/26/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	STALUPPI, JOHN	1.2 NAME	NELSON, ROBERT H.
STREET ADDRESS	551 S MILITARY TRAIL	1.3 STREET ADDRESS	375 PARK AVENUE 22ND FLOOR
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	NEW YORK, NY 10152
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V
NAME	STALUPPI, JEANETTE	2.2 NAME	PROVENZO, NICHOLAS C
STREET ADDRESS	551 S MILITARY TRAIL	2.3 STREET ADDRESS	551 SOUTH MILITARY TRAIL
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	SD
NAME		3.2 NAME	SMITH, JR. PHILIP N
STREET ADDRESS		3.3 STREET ADDRESS	375 PARK AVENUE 22ND FLOOR
CITY-ST-ZIP		3.4 CITY-ST-ZIP	NEW YORK, NY 10152
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	TD
NAME		4.2 NAME	WINTERS, KARL H
STREET ADDRESS		4.3 STREET ADDRESS	375 PARK AVENUE 22ND FLOOR
CITY-ST-ZIP		4.4 CITY-ST-ZIP	NEW YORK, NY 10152
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 registered or trusted 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 *[Signature]* NICHOLAS C. PROVENZO 01/26/98 (561) 683-7100
VICE PRESIDENT

CR2E034 (10/97)