

**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.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 601 SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415  
Mailing Address: 521 SOUTH MILITARY TRAIL WEST PALM BEACH FL 33415

3. Date Incorporated or Qualified: 10/12/1990

2. Principal Place of Business: 735 SOUTH MILITARY TRAIL, WEST PALM BEACH, FL 33415, USA  
2a. Mailing Address: 551 SOUTH MILITARY TRAIL, WEST PALM BEACH, FL 33415, USA

4. FEI Number: 65-0224472  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  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, 83, 84 City, 85 Zip Code (FL)

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 <del>STALUPPI, JOHN</del> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>STALUPPI, JOHN</del>	1.2 NAME	NELSON, ROBERT H.
STREET ADDRESS	<del>551 S MILITARY TRAIL</del>	1.3 STREET ADDRESS	375 PARK AVENUE 22ND FLOOR
CITY-ST-ZIP	<del>W PALM BCH FL</del>	1.4 CITY-ST-ZIP	NEW YORK, NY 10152
TITLE	<del>STALUPPI, JEANETTE</del> <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>STALUPPI, JEANETTE</del>	2.2 NAME	PROVENZO, NICHOLAS C
STREET ADDRESS	<del>551 S MILITARY TRAIL</del>	2.3 STREET ADDRESS	551 SOUTH MILITARY TRAIL
CITY-ST-ZIP	<del>W PALM BCH FL</del>	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33415
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *[Signature]* NICHOLAS C. PROVENZO 01/26/98 (561) 683-7100  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

CR2E034 (10/97)