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May 02 1997 8:00am

Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # S16078

(5)

**1. Corporation Name
KOONS CHEVROLET, INC.**

Principal Place of Business

**3101 N STATE RD 7
HOLLYWOOD FL 33021**

Mailing Address

**3101 N STATE RD 7
HOLLYWOOD FL 33021-2102**

**3. Date Incorporated or Qualified
11/29/1990**

**3a. Date of Last Report
05/01/1996**

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

**4. FEI Number
65-0233696**

**Applied For
Not Applicable**

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 has liability for intangible tax under s. 199.032,
Florida Statutes**

Yes No

9. Name and Address of Current Registered Agent

**SINGER, BERNARD A.
4700 SHERIDAN ST
SUITE B
HOLLYWOOD FL 33021**

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 607.408, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of officer or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DPST** **NAME** **CARROLL, JAMES S.** **STREET ADDRESS** **3101 N STATE RD 7** **CITY-ST-ZIP** **HOLLYWOOD FL 33021**

TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**

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TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**

TITLE **NAME** **STREET ADDRESS** **CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Change** **Addition**

1.2 NAME **Change** **Addition**

1.3 STREET ADDRESS **Change** **Addition**

1.4 CITY-ST-ZIP **Change** **Addition**

2.1 TITLE **Change** **Addition**

2.2 NAME **Change** **Addition**

14. I do 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

James S Carroll 4/22

CR2E034 (9/96)