

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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **S22070** (4)
1. Corporation Name
UNITED DEALERS CORPORATION



Principal Place of Business 2485 E SUNRISE BLVD FT LAUDERDALE FL 33304 US	Mailing Address 2485 E SUNRISE BLVD FT LAUDERDALE FL 33304-3100 US
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3. Date Incorporated or Qualified 01/02/1991	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 1674 Alton Road Suite, Apt. #, etc. 500 22 City & State MIAMI BEACH, FL Zip 33139 Country U.S.A.	2a. Mailing Address 26 1674 Alton Road Suite, Apt. #, etc. 500 27 City & State MIAMI BEACH, FL Zip 33139 Country U.S.A.
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4. FEI Number 65-0233105	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent 81 Name [REDACTED] 82 Street Address (P.O. Box Number is Not Acceptable) [REDACTED] 83 [REDACTED] 84 City [REDACTED] FL 85 Zip Code [REDACTED]
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	VPSD <input checked="" type="checkbox"/> DELETE
NAME	NIELS, ALBERT
STREET ADDRESS	1417 MIDDLE RIVER DR
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P-V P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PATRICK ABRAHAM
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	SEC <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ALBERT NIELS
2.3 STREET ADDRESS	1417 MIDDLE RIVER DRIVE
2.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33304
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Albert Niers 4/15/97 (305) 538-2115
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)