

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra S. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S33713 (6)
1. Corporation Name
MAROONE ISUZU, INC.

Principal Place of Business Mailing Address
450 E. LAS OLAS BLVD. 450 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301

FILED

97 JUL 22 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		02/25/1991		05/01/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0252801		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		24		25	
29		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	P
NAME	MAROONE, MICHAEL E	1.2 NAME	Michael E. Maroone
STREET ADDRESS	450 E. LAS OLAS BLVD., #1200	1.3 STREET ADDRESS	450 E. LAS OLAS BLVD. #1200
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	D	2.1 TITLE	
NAME	HAWKINS, THOMAS W	2.2 NAME	
STREET ADDRESS	450 E. LAS OLAS BLVD., #1200	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	SD
NAME	HADLEY, RICHARD L	3.2 NAME	James O. Cole
STREET ADDRESS	450 E. LAS OLAS BLVD., #1200	3.3 STREET ADDRESS	450 E. LAS OLAS BLVD. #1200
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	3.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301
TITLE	V	4.1 TITLE	
NAME	REESE, DONALD J	4.2 NAME	
STREET ADDRESS	450 E. LAS OLAS BLVD., #1200	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	HODGEN, BRAD	5.2 NAME	
STREET ADDRESS	450 E. LAS OLAS BLVD., #1200	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	T
NAME	PEDDY, COURTLAND	6.2 NAME	Kathleen Hyle
STREET ADDRESS	450 E. LAS OLAS BLVD., #1200	6.3 STREET ADDRESS	450 E. LAS OLAS BLVD. #1200
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	6.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33301

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 _____ DATE _____

CR2E034 (4/97)