

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

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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



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

Mailing Address
450 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 110 SE Sixth St.		26 110 SE Sixth St.		02/25/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0252801	
City & State		City & State		Applied For	
23 Ft. Lauderdale, FL		28 Ft. Lauderdale, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33301		29 33301		30	
Country		Country		8.75 Additional Fee Required	
25		30		6. Election Campaign Financing	
				Trust Fund Contribution	
				7. 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

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	Change Addition
NAME	MAROONE, MICHAEL E	1.2 NAME	
STREET ADDRESS	450 E. LAS OLAS BLVD., #1200	1.3 STREET ADDRESS	110 SE Sixth St.
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	D	2.1 TITLE	Change Addition
NAME	HAWKINS, THOMAS W	2.2 NAME	
STREET ADDRESS	450 E. LAS OLAS BLVD., #1200	2.3 STREET ADDRESS	110 SE Sixth St.
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	SD	3.1 TITLE	Change Addition
NAME	COLE, JAMES O	3.2 NAME	
STREET ADDRESS	450 E. LAS OLAS BLVD., #1200	3.3 STREET ADDRESS	110 SE Sixth St.
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	T	4.1 TITLE	Change Addition
NAME	HYLE, KATHLEEN	4.2 NAME	
STREET ADDRESS	450 E. LAS OLAS BLVD., #1200	4.3 STREET ADDRESS	110 SE Sixth St.
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change 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] 95479-6 (M)

CR2E034 (10/97)