CORPORATION K ANNUAL REPORT	ST 1S \$550.00 DEPARTMENT OF STATE atherine Harris Secretary of State RECORPORATIONS		
DOCUMENT # S 33 1 13		1:01 MA 85 87A 62	, կ
Maroone Isuzu, I	MULANDERS STATE		
Principal Place of Business Making Address			
2. Principal Place of Business 2. Principal Place of Business 2. Blood Fines Blod.  Suite. Apt. #. etc 2. City & State 2. City	Stract  Country  A  B1 Name  B2 Street Addr  B3 Gity  Statutes the above-named corps  was authorized by the corporation	6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year intangular Personal Property Lax 10. Name and Address of New Registered Agent ress (P.O. Box Number is Not Acceptable)  FL 85  oration submits this statement for the purpose of change.	Applied For Not Applicable 7.5 Additional ce Required 5.00 May Be ided to Fees \$\ \( \) \(
SIGNATURE Signature, typed or printed name of registered agent and too diagnosis to 12.  OFFICERS AND DIRECTORS THE CONTROL OFFICERS AND DIRECTORS THE CONTR	12 NAME 13 STREE! ADDRESS 14 CITY-SY-ZIP	Additions/CHANGES TO OFFICERS AND DIRECTIONS/CHANGES TO OFFICERS AND DIRECTIONS/CHANGE	ange [ ] Addition
NAME  STREET ADDRESS  LITY-ST-ZIP  [   DEL  NAME	2 3 STREE   ADDRESS   2 4 CHY ST-Z4"	00000285948 -04/30/990114 ****150.00 **	833 44008 ***150.00
STREET ADDRESS  DITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	4.3 STREET ADORESS 4.4 CITY - ST-21P	( ) Con	ange [] Addition
TIME [] DEL			anne (T.Addition

62 NAME 63 STREET ADDRESS

(954) 769-600

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. Higher 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 it made under oath, that I am an officer or director of the corporation of 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, with all other like empowered.

SIGNATURE:

- SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James O. Cola, Secretary

NAME STREET ADDRESS

## Maroone Isuzu, Inc.

OFFICE		NAME
Directors	***************************************	Thomas W. Hawkins
	•••••	James O. Cole
President/Chief Executive Officer		Michael E. Maroone
Vice Presiden	ts	Donald J. Reese
		Brad Hodgen
		Ken Graham
		James O. Cole
Secretary		James O. Cole
Asst. Secretar	y	Michael E. Maroone
Treasurer		Kathleen W. Hyle
Asst. Treasure	er	Michael E. Maroone

Address for all officers and directors is:

110 SE 6th Street

Fort Lauderdale, FL 33301