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

CITY-ST-ZIP

SIGNATURE:

May 13 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra J. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # (0)S53884 NICHOL'S AUTO BROKERS OF CENTRAL FLORIDA, INC. Principal Place of Business Mailing Address 7430 S FLORIDA AVE 7430 S FLORIDA AVE FLORAL CITY FL 34436 FLORAL CITY FL 34436 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/21/1991 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3064021 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing \Box 23 Trust Fund Contribution Added to Fees 28 Ζιρ Country Zip Country This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes □ No 29 30 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MICHOL; RODNEY-A. DENISE NICHOL 7430 S FLORIDA AVE-Street Address (P.O. Box Number is Not Acceptable) FLORAL-CITY-FL-94496 7430 S. FLORIDA AVE. 83 Zip Code 34436 FLORAL CITY 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 lamilar with, and accept the obligations of, Section 607.0505, Florida Statutes. DENISE NICHOL <u>03/31/98</u> nt and tifle if applicable (NOTE Registered Agent signature required when reinstating) CR2E034 (10/97) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE TITLE PRES DENISE NICHOL NAME NICHOL RODNEY A 1.2 NAME 7430 S. FLORIDA AVE. FLORAL CITY, FL. 34436 7430 S FLORIDA AVE-STREET ADORESS 1.3 STREET ADDRESS ELOPAL CITY FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change TITLE 21 TITLE Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-SI-ZIP 3.4. CITY-ST-ZIP Change Addition DELETE 1.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change DELETE Addition 6.1 TITLE TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS

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 or an attachment with an address.

DENTSE NICHOL

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03/31/98

352-637-2973

FILED