


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

3000

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90081 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S68928

1. Corporation Name
USA AUTO MALL OF FLORIDA, INC.

Principal Place of Business 270 SOUTH SERVICE ROAD POST OFFICE BOX 699 MELVILLE NY 11747-0699	Mailing Address 270 SOUTH SERVICE ROAD POST OFFICE BOX 699 MELVILLE NY 11747-0699
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/26/1991	
4. FEI Number 65-0289993	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 801 NE 167TH STREET SUITE 305 NORTH MIAMI BEACH FL 33162		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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASCUCCI, RALPH	1.2 NAME	Pascucci, Ralph P.
STREET ADDRESS	72 FACTORY POND RD.	1.3 STREET ADDRESS	MC: NY4-270-01-10, PO Box 699
CITY-ST-ZIP	LOCUST VALLEY NY	1.4 CITY-ST-ZIP	Melville, NY 11747-0699
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREEMAN, MARK A.	2.2 NAME	Mack, John E.
STREET ADDRESS	35 ROBIN LANE	2.3 STREET ADDRESS	MC: NY4-270-01-10, PO Box 699
CITY-ST-ZIP	PLAINVIEW NY	2.4 CITY-ST-ZIP	Melville, NY 11747-0699
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PASCUCCI, MICHAEL C	3.2 NAME	Williams, Gary S.
STREET ADDRESS	392 DUCK POND RD	3.3 STREET ADDRESS	MC: NY4-270-01-10, PO Box 699
CITY-ST-ZIP	LOCUST VALLEY NY	3.4 CITY-ST-ZIP	Melville, NY 11747-0699
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Lucas, Mary-Ann
STREET ADDRESS		4.3 STREET ADDRESS	MC: NY4-270-01-10, PO Box 699
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Melville, NY 11747-0699
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Asst. S, Asst. T
STREET ADDRESS		5.3 STREET ADDRESS	Wittrick, Ellen
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MC: NY4-270-01-10, PO Box 699
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Kiser, James W.
STREET ADDRESS		6.3 STREET ADDRESS	MC: NY4-270-01-10, PO Box 699
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Melville, NY 11747-0699

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, with all other like empowered.

SIGNATURE: *Ellen Wittrick* **Wittrick** 2/4/99 (516) 390-3706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

USA AUTO MALL OF FLORIDA, INC.
ADDITIONAL OFFICERS

NY 4-270-01-10
868928

NAME/TITLE

BUSINESS ADDRESS

LYNN L. RHOADS .
ASSISTANT SECRETARY

NATIONSBANK
MC: NY4-270-01-10
PO BOX 699
MELVILLE, NY 11747-0699