

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1998.
AMOUNT DUE ON OR BEFORE 8/7/98: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED

96 NOV -5 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S86455 (0)

1. Corporation Name

STUART AUTO, INC.

Principal Place of Business

Mailing Address

2501 SE AVIATION WAY
STUART FL 34908

2501 SE AVIATION WAY
STUART FL 34908

3. Date Incorporated or Qualified 10/10/1991	3a. Date of Last Report 05/30/1995
4. FEI Number 65-0290454	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 2830 SE Federal Hwy Suite, Apt. #, etc. 22 City & State 23 Zip 34994 Country	2a. Mailing Address 26 2830 SE Federal Hwy. Suite, Apt. #, etc. 27 City & State 28 Zip 34994 Country
--	--

9. Name and Address of Current Registered Agent

MACDONALD, ANTONETTE F.
2501 SE AVIATION WAY
STUART FL 34908

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2830 SE Federal Hwy
83
84 City
85 Zip Code FL 34994

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Antonette Macdonald

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE: 10/30/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDONALD, JACK A	1.2 NAME	
STREET ADDRESS	2501 SE AVIATION WAY	1.3 STREET ADDRESS	2830 SE Federal Hwy
CITY - ST - ZIP	STUART FL 34908	1.4 CITY - ST - ZIP	34994
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDONALD, SCOTT A	2.2 NAME	500002001P85E-010
STREET ADDRESS	2501 SE AVIATION WAY	2.3 STREET ADDRESS	-11/12/96--01023--010
CITY - ST - ZIP	STUART FL 34908	2.4 CITY - ST - ZIP	***375.00 ***375.00
TITLE	ST	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDONALD, ANTONETTE, F	3.2 NAME	
STREET ADDRESS	2501 SE AVIATION WAY	3.3 STREET ADDRESS	2830 SE Federal Hwy.
CITY - ST - ZIP	STUART FL 34908	3.4 CITY - ST - ZIP	34994
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed on an attachment with an address.

SIGNATURE:

Antonette Macdonald

Signature, typed or printed name of signing officer or director

DATE: 10/30/96

Daytime Phone #

CR2E034 (3/96)