

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

FILED
Mar 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # V27567 (9)
1. Corporation Name
TOP SOURCE AUTOMOTIVE, INC.

Principal Place of Business
1757 LARCHWOOD AVE.
TROY MI 48063-2224

Mailing Address
7108 FAIRWAY DR.
STE. 200
PALM BCH. GARDENS FL 33418-3757



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		04/09/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0332734	
24 Country		29 Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

HARRIS, BETH F.
712 US HIGHWAY ONE
4TH FLOOR
NORTH PALM BEACH FL 33408

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

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	CD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDOW, STUART	1.2 NAME	
STREET ADDRESS	450 PARK AVE. STE. 2100	1.3 STREET ADDRESS	7108 FAIRWAY DR., #200
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33418
TITLE	CESD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSEN, CHRISTER	2.2 NAME	
STREET ADDRESS	7108 FAIRWAY DR., STE. 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP	VTSD
TITLE	TOV	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NATAN, DAVID	3.2 NAME	
STREET ADDRESS	7108 FAIRWAY DR., STE. 200	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418-3757	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LITTLEWORTH, DENNIS	4.2 NAME	PD
STREET ADDRESS	23400 COMMERCE DR	4.3 STREET ADDRESS	WILLIAM C. WILLIS, JR
CITY-ST-ZIP	FARMINGTON HILLS MI	4.4 CITY-ST-ZIP	7108 FAIRWAY DRIVE, SUITE 200
TITLE		5.1 TITLE	PALM BEACH GARDENS, FL 33418
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 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

1/30/98

561-775-5756

CR2E034 (10/97)