FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 8:42

DOCUMENT # V56273 (8)

1. Corporation Name
FLORIDA AUTOMOBILE DEALER SERVICES, INC.

Principal Place of Business	Mailing Address
452 OSCEOLA ST. #204 ALTAMONTE SPRINGS FL 32701	452 OSCEOLA ST. #204 ALTAMONTE SPRINGS FL 32701

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/01/1992
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-3136311 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) County (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) County (30)

9. Name and Address of Current Registered Agent

BOS, CAREY N.
723 EAST COLONIAL DRIVE
SUITE 200
ORLANDO FL 32803

10. Name and Address of New Registered Agent

91 Name: Charles Cramer
92 Street Address (P.O. Box Number is Not Acceptable): 723 East Colonial Drive
93: Suite 200
94 City: Orlando FL 95 Zip Code: 32803

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: Charles W. Cramer — Charles W. Cramer — 5/15/95
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 / NAME / STREET ADDRESS / CITY ST ZIP	D GREENFIELD, J. PETER 5014 SHELLEY COURT ORLANDO FL	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	P & D	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D GERHARD, WILLIAM 975 EAST FIRST PLACE LONGWOOD FL	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	N/A N/A	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	V# S Robert A Gerhard 1465 Corona Lane Vero Beach, FL 32963	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP		☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. Peter Greenfield — 4-20-95 — 407-339-3334
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0035078 CP