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

APPROVED AND FILED
95 MAY -1 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V59913 (6)

1. Corporation Name
MONTROSE AUTOMOTIVE CENTRE, INC.

Principal Place of Business	Mailing Address
224 CHARLOTTE ST LONGWOOD FL 32750 US	224 CHARLOTTE ST LONGWOOD FL 32750 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/25/1992
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-3138609 ☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 330 North ST	26 330 North st
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Longwood Florida	City & State 28 Longwood Florida
Zip 24 32750 Country 25 Seminole US	Zip 29 32750 Country 30 Seminol US

9. Name and Address of Current Registered Agent

CHAMBERS, LLOYD M
708 SUNCREST LOOP, APT 202
CASSELBERRY FL 32835

10. Name and Address of New Registered Agent

81 Name: Lloyd Montrose chambers
82 Street Address (P.O. Box Number is Not Acceptable): 728 Endeavour DR. South
83
84 City: Winter Springs FL 85 Zip Code: 32708

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	D	1 1 TITLE	President / Director ☑ Change ☐ Addition
NAME	APUZZO, FRANK P SR	1 2 NAME	Lloyd Montrose Chambers
STREET ADDRESS	2610 JENNIFER HOPE BLVD	1 3 STREET ADDRESS	728 Endeavour DR South
CITY ST ZIP	LONGWOOD FL	1 4 CITY ST ZIP	Winter Springs Florida 32708
TITLE	PD	2 1 TITLE	Vice President ☐ Change ☑ Addition
NAME	CHAMBERS, LLOYD M	2 2 NAME	Joan Merell Chambers
STREET ADDRESS	708 SUNCREST LOOP , APT 202	2 3 STREET ADDRESS	728 Endeavour DR South
CITY ST ZIP	CASSELBERRY FL	2 4 CITY ST ZIP	Winter Springs Florida 32708
TITLE		3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY ST ZIP		3 4 CITY ST ZIP	
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY ST ZIP		4 4 CITY ST ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY ST ZIP		5 4 CITY ST ZIP	
TITLE		6 1 TITLE	☐ Change ☐ 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)(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: [signature] Lloyd M Chambers 4/24/95 407-831-5575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0041490 CP