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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V63270 (5) 1. Corporation Name CONNORS AUTO BROKERS, INC			
Principal Place of Business 2226 S. HARBOR CITY BLVD MELBOURNE, FL. 32901 US		Mailing Address 1790 HWY A1A SUITE 202 SATELLITE BCH, FL 32937	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		3a. Date of Last Report 08/06/1996 3. Date Incorporated or Qualified 09/11/92 4. FEI Number 65-0369830 5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3b. Date of Last Report 3c. Date of Last Report 4. FEI Number 5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent CONNORS DANIEL F. 2226 S HARBOR CITY BLVD MELBOURNE, FL. 32901		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: <i>Daniel F. Connors</i> P-VP-T DATE: 4-1-94 <small>Signature of officer or person named as registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS 1.1 NAME: HOESLY, Kim William 1.2 STREET ADDRESS: 121 E NEW HAVEN AVE. 1.3 CITY-ST-ZIP: MELBOURNE, FL. <input checked="" type="checkbox"/> DELETE 2.1 NAME: <input type="checkbox"/> DELETE 2.2 STREET ADDRESS: <input type="checkbox"/> DELETE 2.3 CITY-ST-ZIP: <input type="checkbox"/> DELETE 3.1 NAME: <input type="checkbox"/> DELETE 3.2 STREET ADDRESS: <input type="checkbox"/> DELETE 3.3 CITY-ST-ZIP: <input type="checkbox"/> DELETE 4.1 NAME: <input type="checkbox"/> DELETE 4.2 STREET ADDRESS: <input type="checkbox"/> DELETE 4.3 CITY-ST-ZIP: <input type="checkbox"/> DELETE 5.1 NAME: <input type="checkbox"/> DELETE 5.2 STREET ADDRESS: <input type="checkbox"/> DELETE 5.3 CITY-ST-ZIP: <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE: PRESIDENT, VP, T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME: DANIEL F. CONNORS 1.3 STREET ADDRESS: 1893 W. NEW HAVEN AVE SUITE 181 N/A 1.4 CITY-ST-ZIP: MELBOURNE, FL. 32904 2.1 TITLE: S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME: MIKE POWELL 2.3 STREET ADDRESS: 6737 SHERIDAN RD 2.4 CITY-ST-ZIP: W. MELBOURNE, FL. 32904 3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.3 STREET ADDRESS: <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.4 CITY-ST-ZIP: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME: 300002138623 6.3 STREET ADDRESS: -04/10/97--01004--026 6.4 CITY-ST-ZIP: ***173.75	
14. I do 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 on an attachment with an address. SIGNATURE: <i>Daniel F. Connors</i> DATE: 4-1-97 DAY/MO/YR: 407-544-5754 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (9/96)