

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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V70206** (0)
1. Corporation Name
DON MEALEY OLDSMOBILE, INC.

Principal Place of Business 350 S. LAKE DESTINY DR. SUITE 200 ORLANDO FL 32810	Mailing Address 350 S. LAKE DESTINY DR. SUITE 200 ORLANDO FL 32810
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FILED

98 MAY -1 PM 2:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 110 S.E. 6th Street 27 Suite, Apt. #, etc. 28 20th Floor 29 Ft. Lauderdale, FL 30 Zip Country 31 33301 32		3. Date Incorporated or Qualified 10/07/1992	
		4. FEI Number 59-3172140		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 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 HUMPHRIES, J. GREGORY 20 N. ORANGE AVE. SUITE 1000 ORLANDO FL 32801-4626		10. Name and Address of New Registered Agent 81 Name CT Corporation Systems 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road 83 City Plantation FL 84 Zip Code 33324	
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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 607.0502, Florida Statutes.

SIGNATURE *Connie Bryan* **CONNIE BRYAN** **SPECIAL ASSISTANT SECRETARY** **5/1/98**
(NOTE: Registered Agent Signature is Required for All Filings)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MEALEY, DONALD C. 350 S. LAKE DESTINY DR., #200 ORLANDO FL 32810 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 500002515515--6 -05/07/98--01081--009 ***150.00 ***150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST PEACOCK, W. WARNER 350 S. LAKE DESTINY DR., #200 ORLANDO FL 32810 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition COLE, JAMES O. 110 S.E. 6th Street Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Hyle, Kathleen 110 S.E. 6th Street Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HAWKINS, THOMAS 110 S.E. 6th Street Ft. Lauderdale, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE 5-1-98	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *James O. Cole* **James O. Cole** **4/29/98** **(954) 719-1000**

CR2E034 (10/97)