

**FEE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F47698** (8)

1. Corporation Name  
**MARIANNA TOYOTA, INC.**



Principal Place of Business

Mailing Address

% QUEN RAHAL  
2961 PENN AVE  
MARIANNA FL 32447

POST OFFICE BOX 757  
2961 PENN AVE  
MARIANNA FL 32447  
US

3. Date Incorporated or Qualified <b>10/07/1981</b>	3a. Date of Last Report <b>04/10/1995</b>
4. FEI Number <b>59-2130638</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	

2 Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 Zip Country	29 Zip Country
25	30

9. Name and Address of Current Registered Agent

RAHAL, QUEN  
2961 PENN AVE  
MARIANNA FL 32446

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
				FL

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 type for principal, officer, director, and trustee is 44

Officer, Registered Agent signature registration is 107

DAE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	RAHAL, QUEN	
STREET ADDRESS	700 W LAFAYETTE ST	
CITY-STATE-ZIP	MARIANNA, FL 00000	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	GARCIA, JORGE	
STREET ADDRESS	208 S. PENN AVE.	
CITY-STATE-ZIP	MARIANNA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	RAHAL, ANN	
STREET ADDRESS	700 W LAFAYETTE ST	
CITY-STATE-ZIP	MARIANNA, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KELLY, J W	
STREET ADDRESS	3422 N OAKS	
CITY-STATE-ZIP	MARIANNA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GRIFFIN DONNA	
STREET ADDRESS	733 WADE AVE	
CITY-STATE-ZIP	BLOUNTSTOWN FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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)(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 owner 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, unchanged, or on an attached sheet with an address.

SIGNATURE:   
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)