

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **P94000073907 (5)**

1. Corporation Name
G.A.R. DEALER SERVICE, INC.



Principal Place of Business: **19321 U.S. 19 NORTH SUITE 530 CLEARWATER FL 34624**
 Mailing Address: **19321 U.S. 19 NORTH SUITE 530 CLEARWATER FL 34624**

3. Date Incorporated or Qualified: **10/06/1994**
 3a. Date of Last Report: **09/20/1995**
 4. FEI Number: **59-3275241**
 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
 21 **12758 PARKWAY EST DR**
 Suite, Apt. #, etc.:
 22
 City & State: **ST. LOUIS MO**
 Zip: **63146** Country:
 25
 2a. Mailing Address
 26 **12758 PARKWAY EST DR**
 Suite, Apt. #, etc.:
 27
 City & State: **ST. LOUIS, MO**
 Zip: **63146** Country: **U.S.**
 29 30

9. Name and Address of Current Registered Agent
RESIDENT AGENT CORP. OF PINELLAS COUNTY
980 TYRONE BLVD.
ST PETERSBURG FL 33710

10. Name and Address of New Registered Agent
 B1 Name: **CT Corporation System**
 B2 Street Address (P.O. Box Number is Not Accepted): **1200 S. Pine Island Road**
 B3
 B4 City: **Plantation** FL B5 Zip Code: **33324**

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 furnishing, and accept the obligations of Section 607.0505, Florida Statutes.
 SIGNATURE: *Barbara A. Burke*
BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY
 DATE: **7-12-96**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HARTNETT, JOHN	
STREET ADDRESS	5053 WATERSIDE DR.	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARTNETT, JOSEPH	
STREET ADDRESS	12758 PARKWAY ESTATES DR.	
CITY-ST-ZIP	ST. LOUIS MO 63146	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARTNETT, MICHAEL	
STREET ADDRESS	917 DUTCH MILL DR.	
CITY-ST-ZIP	ST. LOUIS MO 63011	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-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-ST-ZIP		
21 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Joseph F. Hartnett, Pres*
JOSEPH F. HARTNETT, PRES
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 DATE: **6/26/96**
 OFFICE PHONE:

CR2E034 (3/96)