

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 762677 (3)

1. Corporation Name
SUNSHINE REGION OF THE ANTIQUE AUTOMOBILE CLUB OF AMERICA, INC.



Principal Place of Business 5273 TURTLE CREEK LN SARASOTA FL 34232 US	Mailing Address 5273 TURTLE CREEK LN SARASOTA FL 34232 US
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3. Date Incorporated or Qualified 03/31/1982	3a. Date of Last Report 03/24/1995
4. FEI Number 59-2356543	Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business 4979 Hubner Cir.	22. Suite, Apt. #, etc.	26. Mailing Address 4979 Hubner Cir.	27. Suite, Apt. #, etc.
23. City & State Sarasota, Fl.	24. Zip 34241	28. City & State Sarasota, Fl.	29. Zip 34241
25. Country USA	30. Country USA		

9. Name and Address of Current Registered Agent COHEN, SANFORD 5273 TURTLE CREEK LN SARASOTA FL 34232	10. Name and Address of New Registered Agent 81 Name Ardis B. Thorpe 82 Street Address (P.O. Box Number is Not Acceptable) 200001746202 4979 Hubner Cir. 01022--009 83 City Sarasota FL 85 Zip Code 34241
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **ARDIS B. THORPE** *Ardis B. Thorpe* **March 11, 1996**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE P	COHEN, SANFORD <input checked="" type="checkbox"/> DELETE
NAME	5237 TURTLE CREEK LN
STREET ADDRESS	SARASOTA FL
CITY-ST-ZIP	
TITLE VP	NICHOLSON, JOHN <input checked="" type="checkbox"/> DELETE
NAME	1839 ALTA VISTA ST
STREET ADDRESS	SARASOTA FL
CITY-ST-ZIP	
TITLE S	MALCOLM, ANN <input checked="" type="checkbox"/> DELETE
NAME	8447 WOODBRIAR DR
STREET ADDRESS	SARASOTA FL
CITY-ST-ZIP	
TITLE T	PALMER, WILLIAM <input checked="" type="checkbox"/> DELETE
NAME	6438 KAHANA DR
STREET ADDRESS	SARASOTA FL
CITY-ST-ZIP	
TITLE D	THORPE, ROBERT <input type="checkbox"/> DELETE
NAME	4979 HUBNER CIR
STREET ADDRESS	SARASOTA FL
CITY-ST-ZIP	
TITLE D	EVANS, WILLIAM <input checked="" type="checkbox"/> DELETE
NAME	2135 SHAWNEE ST
STREET ADDRESS	SARASOTA FL
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE P	Thorpe, Ardis B. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	4979 Hubner Cir.
1.3 STREET ADDRESS	Sarasota, Fl. 34241
1.4 CITY-ST-ZIP	
2.1 TITLE VP	Summerville, Donald <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	5349 Vanderipe Rd.
2.3 STREET ADDRESS	Sarasota, Fl. 34241
2.4 CITY-ST-ZIP	
3.1 TITLE S	Berns, Arnold <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	P.O. Box 20589 N.A.
3.3 STREET ADDRESS	Sarasota, Fl. 34276
3.4 CITY-ST-ZIP	
4.1 TITLE T	Evans, William <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	2135 Shawnee St.
4.3 STREET ADDRESS	Sarasota, Fl. 34231
4.4 CITY-ST-ZIP	
5.1 TITLE D	Cohen, Sanford <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	5375 Sara Pointe Dr.
5.3 STREET ADDRESS	Sarasota, Fl. 34232
5.4 CITY-ST-ZIP	
6.1 TITLE D	Palmer, William <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	542 Silk Oak Dr.
6.3 STREET ADDRESS	Venice, Fl. 34293
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)(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: **Ardis B. Thorpe** *Ardis B. Thorpe* **Feb. 22, 1996** **941-923-4134**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

PM
3-15-1996