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Feb 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 762677 (3)

1. Corporation Name

SUNSHINE REGION OF THE ANTIQUE AUTOMOBILE CLUB OF AMERICA, INC.



Principal Place of Business

Mailing Address

4979 HUBNER CIR.  
SARASOTA FL 34241  
US

4979 HUBNER CIR.  
SARASOTA FL 34241-8224  
US

3. Date Incorporated or Qualified  
03/31/1982

3a. Date of Last Report  
03/15/1996

2. Principal Place of Business

2a. Mailing Address

21 1610 Meadowood St.  
Suite, Apt. #, etc

26 P.O. Box 20589  
Suite, Apt. #, etc.

4. FEI Number  
59-2356543

Applied For  
Not Applicable

22 Home  
City & State

27  
City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Sarasota, Fl.  
Zip Country

28 Sarasota, Fl.  
Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 34231

25 USA

29 34276

30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THORPE, ARDIS B  
4979 HUBNER CIR.  
SARASOTA FL 34241

81 Name  
Arnold Berns  
82 Street Address (P.O. Box Number is Not Acceptable)  
1610 Meadowood St.  
83  
84 City  
Sarasota, FL 85 Zip Code  
34231

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 Arnold Berns, President

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-5-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	THORPE, ARDIS B	
STREET ADDRESS	4979 HUBNER CIR.	
CITY - ST - ZIP	SARASOTA FL 34241	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SUMMERLIN, DONALD	
STREET ADDRESS	5349 VANDERIPE RD.	
CITY - ST - ZIP	SARASOTA FL 34241	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BERNS, ARNOLD	
STREET ADDRESS	P.O. BOX 20589 N.A.	
CITY - ST - ZIP	SARASOTA FL 34241	
TITLE	T	<input type="checkbox"/> DELETE
NAME	EVANS, WILLIAM	
STREET ADDRESS	2135 SHAWNEE ST.	
CITY - ST - ZIP	SARASOTA FL 34231	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COHEN, SANFORD	
STREET ADDRESS	5375 SANS POINTE DR.	
CITY - ST - ZIP	SARASOTA FL 34232	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	THORPE, ROBERT	
STREET ADDRESS	4979 HUBNER CIR	
CITY - ST - ZIP	SARASOTA FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Arnold Berns	
1.3 STREET ADDRESS	1610 Meadowood St.	
1.4 CITY - ST - ZIP	Sarasota, Fl. 34231	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Isabell Rauch	
3.3 STREET ADDRESS	1839 Boyce St.	
3.4 CITY - ST - ZIP	Sarasota, Fl. 34239	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Ardis B. Thorpe	
6.3 STREET ADDRESS	4979 Hubner Cir.	
6.4 CITY - ST - ZIP	Sarasota, Fl. 34241	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ARNOLD BERNS

2-5-97 841 924 5272

Date Daytime Phone # 0063636

CR2E037 (9/96)