

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Jul 23 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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
 1610 MEADOWOOD ST. HOME SARASOTA FL 34231 US
 P.O. BOX 20589 SARASOTA FL 34276 US

3. Date Incorporated or Qualified
 03/31/1982
 4. FEI Number
 59-2356543
 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 4912 OLD OAKLEAF Dr 26 4912 OLD OAKLEAF Dr
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22
 23 City & State SARASOTA - FL. 28 SARASOTA FL
 Zip 34233 Country USA 29 34233 30 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
 ARNOLD BERNS
 1610 MEADOWOOD ST.
 SARASOTA FL 34231

10. Name and Address of New Registered Agent
 81 Name LINDA KOCH
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 4912 OLD OAKLEAF Dr
 84 City SARASOTA FL 85 Zip Code 34233

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: Linda Koch, Treasurer (LINDA KOCH) 7/16/98
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARNOLD BERNS 1610 MEADOWOOD ST. SARASOTA FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SUMMERLIN, DONALD 5349 VANDERPE RD. SARASOTA FL 34241	<input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ISABELL RAUCH 1839 BOYCE ST. SARASOTA FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T EVANS, WILLIAM 2135 SHAWNEE ST. SARASOTA FL 34231	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, SANFORD 5375 SANS POINTE DR. SARASOTA FL 34232	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ARDIS B. THORPE 4979 HUBNER CIR SARASOTA FL	<input type="checkbox"/> DELETE EMME I	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	P CARTER ROTH 1881 LAUREL RD. LAUREL FL. 34272
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VP ARNOLD SLIGHT 1197 LARCHMONT DR ENGLEWOOD, FL. 34233
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	S VERNA GOCKLEY 3151 53 RD ST. SARASOTA, FL. 34234
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	T LINDA KOCH 4912 OLD OAKLEAF DR. SARASOTA, FL. 34233
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D ARNOLD BERNS 1610 MEADOWOOD ST. SARASOTA, FL. 34231
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D CHARLES GOCKLEY 3151 53 RD ST SARASOTA, FL. 34234

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

SIGNATURE: Linda Koch, Treasurer (LINDA KOCH) 7/16/98
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)