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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N42911 (0)
1. Corporation Name
GOLDEN TRIANGLE CLASSIC CHEVY CLUB INC.



Principal Place of Business	Mailing Address
3618 ENTERPRISE RD. E. SAFETY HARBOR FL 34895 US	3618 ENTERPRISE RD. E. SAFETY HARBOR FL 34895-5409 US

3. Date Incorporated or Qualified 04/08/1991	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

4. FEI Number 59-3028842	Applied For <input type="checkbox"/> 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	

9. Name and Address of Current Registered Agent

**GETZ, TERRY E.
3618 ENTERPRISE RD., E.
SAFETY HARBOR FL 34895**

10. Name and Address of New Registered Agent

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

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 Getz, Terry E. DATE 4-29-97
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	GETZ, TERRY E.
STREET ADDRESS	3618 ENTERPRISE RD., E.
CITY-ST-ZIP	SAFETY HARBOR FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	TUCKER, JIM
STREET ADDRESS	4209 SWANN AVE
CITY-ST-ZIP	TAMPA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WILSON, JERRY
STREET ADDRESS	4735 DAWN MEADOW CT N
CITY-ST-ZIP	PLANT CITY FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	GUERRA, STAN
STREET ADDRESS	3903 PEARL
CITY-ST-ZIP	TAMPA FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	PUSL, RICHARD
STREET ADDRESS	2814 KIMBERLY LANE
CITY-ST-ZIP	TAMPA FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	REIMAN, KATHERINE
STREET ADDRESS	6002 BLOSSOM
CITY-ST-ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	OATES, Bill
2.3 STREET ADDRESS	835 Morning STAR DR.
2.4 CITY-ST-ZIP	LAKELAND, FL. 33809
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	? PUSL, Richard
4.3 STREET ADDRESS	2814 Kimberly Ln.
4.4 CITY-ST-ZIP	TAMPA FL. 33618
5.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Kimmell, Clark
5.3 STREET ADDRESS	3466 34th Ave. N.
5.4 CITY-ST-ZIP	ST. Pete, FL 33713
6.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Guegan, GARY
6.3 STREET ADDRESS	1506 Coastal Pl.
6.4 CITY-ST-ZIP	Dunedin, FL. 34698

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: GARY Guegan DATE 4-29-97 813-736-2350
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0068303

CR2E037 (9/96)