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**95 MAR -2 PM 4:04**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N43313 (8)**  
 1. Corporation Name  
**SUNSHINE OLDS DEALERS ADVERTISING ASSOCIATION, I NC.**

Principal Place of Business <b>C/O MAROONE OLDSMOBILE 8600 PINES BOULEVARD PEMBROKE PINES FL 33024</b>	Mailing Address <b>C/O MAROONE OLDSMOBILE 8600 PINES BOULEVARD PEMBROKE PINES FL 33024</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/06/1991</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-1443901</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

**GRAHAM, KEN  
MAROONE OLDSMOBILE  
8600 PINES BLVD.  
PEMBROKE PINES FL 33024**

**10. Name and Address of New Registered Agent**

<b>B1</b> Name
<b>B2</b> Street Address (P.O. Box Number is Not Acceptable)
<b>B3</b>
<b>B4</b> City
<b>B5</b> Zip Code

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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	<b>STD</b>
NAME	<b>GRAHAM, KEN</b>
STREET ADDRESS	<b>8600 PINES BLVD.</b>
CITY - ST - ZIP	<b>PEMBROKE PINES FL</b>
TITLE	<b>D</b>
NAME	<b>PAGE, KEN</b>
STREET ADDRESS	<b>9330 W. ATLANTIC BLVD.</b>
CITY - ST - ZIP	<b>CORAL SPRINGS FL</b>
TITLE	<b>D</b>
NAME	<b>KING, CLAY</b>
STREET ADDRESS	<b>700 E. SUNRISE BLVD.</b>
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>
TITLE	<b>D</b>
NAME	<b>ABRAHAM, ANTHONY</b>
STREET ADDRESS	<b>4265 SW 8 STREET</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>D</b>
NAME	<b>MENTON, PETE</b>
STREET ADDRESS	<b>29700 S. DIXIE HWY</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>PD</b>
NAME	<b>RIVERA, AURELIO</b>
STREET ADDRESS	<b>1815 NORTHEAST 123RD STREET</b>
CITY - ST - ZIP	<b>NORTH MIAMI FL</b>

**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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 unchanged, or as an attachment with an address.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR