

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

DOCUMENT # **N43313 (8)**

1. Corporation Name

SUNSHINE OLDS DEALERS ADVERTISING ASSOCIATION, I NC.



Principal Place of Business

Mailing Address

C/O MAROONE OLDSMOBILE
8600 PINES BOULEVARD
PEMBROKE PINES FL 33024

C/O MAROONE OLDSMOBILE
8600 PINES BOULEVARD
PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified
05/06/1991

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

40 Jane E. miles CAA

4. FEI Number

59-1443901

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

PO BOX 398

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

23

28

Tangerine FL

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24

25

29

30

32777 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

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

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

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	

PD
Jose Galvo
Angel Buich - Olds, 1505 Ponce de
Coral Gables FL 33134-4009 Leon Blvd.

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:

[Handwritten Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96
Date

954-433-3300
Daytime Phone #

CR2E037 (12/95)