

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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


DOCUMENT # **N43313** (8)
1. Corporation Name
SUNSHINE OLDS DEALERS ADVERTISING ASSOCIATION, INC.

Principal Place of Business: **C/O MAROONE OLDSMOBILE, 8600 PINES BOULEVARD, PEMBROKE PINES FL 33024**
Mailing Address: **C/O MILES, JANE. E., CAA, P.O. BOX 398, TANGERINE FL 32777, US**

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

9. Name and Address of Current Registered Agent: **GRAHAM, KEN, MAROONE OLDSMOBILE, 8600 PINES BLVD., PEMBROKE PINES FL 33024**

FILED
98 JUN -5 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3. Date Incorporated or Qualified: **05/06/1991**
4. FEI Number: **59-1443901**
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

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, State (FL), and 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]* (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS		DELETED
TITLE	STD	<input type="checkbox"/>
NAME	GRAHAM, KEN	
STREET ADDRESS	8600 PINES BLVD.	
CITY-ST-ZIP	PEMBROKE PINES FL	
TITLE	D	<input type="checkbox"/>
NAME	PAGE, KEN	
STREET ADDRESS	9330 W. ATLANTIC BLVD.	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	D	<input type="checkbox"/>
NAME	KING, CLAY	
STREET ADDRESS	700 E. SUNRISE BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/>
NAME	ABRAHAM, ANTHONY	
STREET ADDRESS	4265 SW 8 STREET	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/>
NAME	MENTON, PETE	
STREET ADDRESS	29700 S. DIXIE HWY	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input type="checkbox"/>
NAME	CALVO, JOSE	
STREET ADDRESS	ANGEL BUICK OLDS, 1505 PONCEDE LEON BLVD.	
CITY-ST-ZIP	CORAL GABLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: *[Signature]* 3/31/98 954.433.332

CR2E037 (10/97)