FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998

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

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

DOCUMENT # **N43313** **(8)**

1. Corporation Name

SUNSHINE OLDS DEALERS ADVERTISING ASSOCIATION, INC.

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

3. Date Incorporated or Qualified: 05/06/1991

4. FEI Number: 59-1443901 ☐ Applied For ☐ Not Applicable

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GRAHAM, KEN		1.2 NAME	
STREET ADDRESS	8600 PINES BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PAGE, KEN		2.2 NAME	200002553682--0
STREET ADDRESS	9330 W.ATLANTIC BLVD.		2.3 STREET ADDRESS	-06/09/98--01119--009
CITY-ST-ZIP	CORAL SPRINGS FL		2.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KING, CLAY		3.2 NAME	
STREET ADDRESS	700 E. SUNRISE BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	FT.LAUDERDALE FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ABRAHAM, ANTHONY		4.2 NAME	
STREET ADDRESS	4265 SW 8 STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MENTON, PETE		5.2 NAME	
STREET ADDRESS	29700 S.DIXIE HWY		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME	CALVO, JOSE		6.2 NAME	10 6/5/98
STREET ADDRESS	ANGEL BUICK OLDS, 1505 PONCEDE LEON BLVD.		6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		6.4 CITY-ST-ZIP	

CR2E037 (10/97)

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: _____ 5/31/98 954.433.3303