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NONPROFIT CORPORATION ANNUAL REPORT
**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N43313**

1. Corporation Name
**SUNSHINE OLDS DEALERS ADVERTISING ASSOCIATION, I NC.**

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
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 2575 N W 27th St
Suite, Apt. #, etc.
27
City & State
28 Boca Raton FL
Zip 29 33434 Country 30 Palm Bch

3. Date Incorporated or Qualifed
05/06/1991

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

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

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 | | |
| STREET ADDRESS | 9330 W.ATLANTIC BLVD. | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | CORAL SPRINGS FL | | 2. 4 CITY-ST-ZIP | | |
| 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 | | |
| 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 (11/98)

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, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED 2/9/99 954.433.3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #