## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 211918

(8)

SUBURBAN CADILLAC/PONTIAC CORPORATION

Principal Place of Business	Mailing Address	
11 GLEMBROOK ROAD STAMFORD CT 08902	11 GLENBROOK ROAD STAMFORD CT 06902-2913	
2. Principal Place of Business	2a. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	

FILED
Jan 29 1997 8:00am
Secretary of State



							05/06/1958	05/01/1996					
<del> </del> -	Place of Business	$\vdash$	iling Address				4. FEI Number			Ap	plied For		
21	0	26					06-0743636		[	No	t Applicable		
Suite, Apt.		27	to, Apt. #, etc.				5. Certificate of Status Dosired	X	,		dditional quired		
City & Sta	te	Cit	y & State				6. Election Campaign Financing		\$!	5.00	May Be		
23		28		·			Trust Fund Contribution		A	dded t	o Fees		
Zip	Country	Zıp		Coun	ntry	•	8. This corporation has liability for i			nder s.	199.032,		
24	25	29		30					No				
OIFO	9. Name and Address of Curren	it Registere	d Agent				10. Name and Address of New Re	gistered #	gent				
SIEGNER, ROBERT W.					81	Name							
4551 GULF SHORE BOULEVARD N. #903				ļ.	82 Street Address (P.O. Box Number is Not Acceptable)								
NAP	LES FL 33940			Ĺ									
				1	83								
				<u> </u>	84	City			lor I	Zip (	nd:		
					- {	1		FL	85	•			
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1	508, Florida Statut	les, the abo	ov€	e-named corp	poration submits this statement for the p	urpose of	chang	ging its	registered		
Office of	registered agent, or both, in the State am familiar with, and accept the obliga	OLEIDHGA :	JICH CHANGO WAS :	authonzed	DW.	/ The corporati	ion's board of directors. I hereby accep	t the appo	ointme	int as	registered		
SIGNATURE	,			arrena cricica									
SIGNATURE	Signature, typed or printed name of registered age	of and tite of app	boable (NO)	tr Registered .	Age	ent signature require	ed when reinstating)	DATE					
12.	OFFICERS ANI	DIRECTO	₹S	13.		<del></del>	ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRE	CTOR	S IN 12		
TITLE	PID		DELETE	1110	ŀ				☐ Ch		Addition		
NAME	SIEGNER,ROBERT W			1.2 NAM	ΜE								
STREET ADDRESS	4551 GULF SHORE BLVD 903			1.3 STR	REF1	ADDRESS							
CITY-ST-ZIP	NAPLES FL			1.4 C/TY	Y - \$1	T - 71P							
TITLE	VD		DELETE	21 1111					Ch	anne	Addition		
NAME	SIEGNER, JANET B			2.2 NAN	MF.					•			
STREET ADDRESS	4551 GULF SHORE BLVD 903					ADDRESS							
City-St-Zip	NAPLES FL			2. 4 CIT									
TITLE	VDS		DELETE	3 1 TILL					☐ Ch	anno	Addition		
NAME	SIEGNER, ROBERT W. J			3.2 NAM						a-igo	L. FOSITOII		
STREET ADDRESS	52 CALASS LANE					ADORESS							
CITY-ST-ZIP	STAMFORD CT			3.4 CIT									
TITLE			DELETE	4.1 TITL		01 - 211 -			Ch	2000	Addition		
NAME				4. 2 NAM		1			اللا بـــا	a-iy6	L. MUDRICHI		
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP						1							
TITLE			DELETE	4.4 GHY 5.1 THL		-7IP			7.04	2000	Addition		
NAME			L. Dettile	5 1 111L				'	Ch	errye	Addition		
STREET ADDRESS						100000							
						ADDRESS							
CITY-ST-ZIP TITLE		<del></del>	DELETE	5.4 C/TY		1 - <b>7</b> IP			<del></del>		TT - 100		
			f"] DELETE	61 TITL				1	Ch	ange	Addition		
NAME				6.2 NAM									
STREET ADDRESS						ADDRESS							
CITY-ST-ZIP	<u></u>			6.4 CHY	r· SI	I - ZiP							

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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