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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

365930

(7)

VATLAND OLDS-PONTIAC-GMC, INC.

FILED Mar 13 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address						
•	Of Dubliness	•						
1110 U.S. #1 1110 U.S. #1 PO BOX 970 PO BOX 970								
VERO BEACH FL 32961-7970		VERO BEACH FL	. 32961-7970			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		
• Driver at Di		T & Santing Address				06/22/1970		
	ace of Business	2a. Mailing Addre				4, FEI Number		pplied For ot Applicable
21 Suite, Apt. #, etc.		26	Suite, Apt. #, etc.			59-1297377		Additional
22	., 010.	27				5. Certificate of Status Desired		equired
City & State			City & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Z(p)	Co	ountry		8. This corporation owes or has paid the cu	rrent year in	tangible
24	25	29	30					□ No
	g. Name and Address of Curr	ent Registered Agent		11		10. Name and Address of New Registered	Agent	
	iland,robert J.			B1	Name			
1110 U.\$. #1				82 Street Address (P.O. Box Number is Not Acceptable)				
VEI	RO BEACH FL 32960							
				B3				
				B4	City		85 Zip	Code
		ola allegio di managemente di series		11	L	FL progration submits this statement for the purpose of	<u> </u>	
SIGNATURE	gistered agent, or boot, in the stantamiliar with, and accept the obl					ation's board of directors. I hereby accept the apparent of directors and the second of directors. I hereby accept the apparent of the second of directors. I hereby accept the apparent of the second of directors. I hereby accept the apparent of the second of directors. I hereby accept the apparent of the second of directors. I hereby accept the apparent of the second of directors. I hereby accept the apparent of the second of directors. I hereby accept the apparent of the second of directors. I hereby accept the apparent of the second of directors. I hereby accept the apparent of the second of directors. I hereby accept the apparent of the second of directors of the second of directors.		registered
12.		AND DIRECTORS	I 13.			ADDITIONS/CHANGES TO OFFICERS ANI	DIRECTO	RS IN 12
TIFLE	PD	DEL		TITLE			Change	☐ Addition
NAME	VATLAND, ROBERT J.		1.2	NAME				
STREET ADDRESS	1110 U.S. #1		1.3	STREET	ADDRESS			1
CITY+ST-ZIP	VERO BEACH FL		1.41	CITY-S	T-ZIP	•		
TITLE	ST	□ DEL	ETE 2.1	TITLE			Change	Addition
NAME	vatland, karen		2.2	NAME				
STREET ADDRESS	1110 U.S. #1		2.3	STREET	ADDRESS			
CITY-ST-ZIP	VERO BEACH FL		2.4	CITY-S	ST-ZIP			
TITLE		□ DEL	E1E 3.1	TITLE			Change	Addition
NAME			3.2	NAME				
STREET ADDRESS			3.3	STREET	ADORESS			
CITY-ST-ZIP				CITY-S	iT-ZIP			
TITLE		□ DII	€TE 4.1	TITLE	-		Change	Addition
NAME			4. 2	NAME	1			
STREET ADDRESS			4.3	STREET	ADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP		T - 6.	1 4 4 5 5
TITLE		∐ D€I	-	TITLE			Change	Addition
NAME				NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				CITY-S	T-ZIP		Chanes	B adalisia —
TITLE		☐ DEL		TITLE			Change	Addition
NAME				NAME				
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				CITY-S		In Control 440 07/0VS Francis Control 12 of	a.alf., at -a -t	a lafavar - S - S
14. I hereby o	ertity that the information supplied	I with this filing does not t	quality for the ex	xemp	tion stated i	in Section 119.07(3)(i), Florida Statutes. I further c	artify that the	e information

14. 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 altachment with an address.

CICHATURE.