FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000002457 (0)**

1. Corporation Name
DANIEL E. BURNS OLDSMOBILE, INC.

Principal Place of Business	Mailing Address
2200 SOUTH FEDERAL HIGHWAY DELRAY BEACH FL 33444	2200 SOUTH FEDERAL HIGHWAY DELRAY BEACH FL 33444

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/25/1993
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 65-0440653 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: **DANIEL E. BURNS**
82 Street Address (P.O. Box Number is Not Acceptable): **2200 SOUTH FEDERAL HIGHWAY**
83
84 City: **DELRAY BEACH** **FL** 85 Zip Code: **33483**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] **PRESIDENT DANIEL E. BURNS** **5/5/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BURNS, DANIEL E	12 NAME	
STREET ADDRESS	1038 BUCIDA ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33483	14 CITY-ST-ZIP	
TITLE	~~D~~	21 TITLE	S ☒ Change ☐ Addition
NAME	~~HUNTER, FRANK~~	22 NAME	MICHAEL J. SICILIANO
STREET ADDRESS	~~10688 MANDYA COURT~~	23 STREET ADDRESS	9119 BAYBURY LANE
CITY-ST-ZIP	~~BOYNTON BEACH FL 33437~~	24 CITY-ST-ZIP	WEST PALM BEACH, FLORIDA 33411
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CHELLAND, E. J	32 NAME	
STREET ADDRESS	5955 T.G. LEE BLVD., SUITE 150	33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	ROBENALT, WILLIAM A	42 NAME	
STREET ADDRESS	1483 HUNTINGFORD DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA GA 30068	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] **M. SICILIANO - SEC.TRES.** **4/17/95** **407-278-7351**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number

0270002 OP