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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F96000005635 (5)

1. Corporation Name

SATURN CARCLUB OF CENTRAL FLORIDA, INC.



Principal Place of Business: 670 N HWY 17-92 LONGWOOD FL 32750-3200

Mailing Address: 670 N HWY 17-92 LONGWOOD FL 32750-3200

3. Date Incorporated or Qualified: 10/29/1996

4. FEI Number: 59-3405473

Applied For: Not Applicable

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

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: HACKETT, D KIM, 670 N HWY 17-92, LONGWOOD FL 32750-3200

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D
NAME	LEWIS, TERRY L	1.2 NAME	KOON, ANNE E.
STREET ADDRESS	6351 BROOKHILL CIR	1.3 STREET ADDRESS	2434 ECON CIR., APT. 148
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	VD	2.1 TITLE	V/D
NAME	ARIOTTI, SCOTT R	2.2 NAME	BEVERLY MORAN, BEVERLY
STREET ADDRESS	940 DOUGLAS AVE., #188	2.3 STREET ADDRESS	1004 CASA DEL SOL CIR.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	SD	3.1 TITLE	S/D
NAME	KOON, ANNE E	3.2 NAME	ARIOTTI, SCOTT
STREET ADDRESS	2434 ECON CIR., APT 148	3.3 STREET ADDRESS	142 LONDON FOG WAY
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	SANFORD, FL 32771
TITLE	D	4.1 TITLE	T/D
NAME	MILLER, JOSEPH W	4.2 NAME	WOODRUFF, DAVID
STREET ADDRESS	5711 PADGETT CIR	4.3 STREET ADDRESS	504 E. AMELIA ST.
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	D	5.1 TITLE	D
NAME	SIMMONS, ROGER J	5.2 NAME	MILLER, JOSEPH W.
STREET ADDRESS	6303 APPAIN WAY	5.3 STREET ADDRESS	5711 PADGETT CIR.
CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	D	6.1 TITLE	D
NAME	AMBUSH, TONY	6.2 NAME	LEWIS, TERRY L.
STREET ADDRESS	1002 JOSHUA CREEK CT	6.3 STREET ADDRESS	6351 BROOKHILL CIR.
CITY-ST-ZIP	OVIEDO FL	6.4 CITY-ST-ZIP	ORLANDO, FL 32810

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	P/D
NAME	LEWIS, TERRY L	1.2 NAME	KOON, ANNE E.
STREET ADDRESS	6351 BROOKHILL CIR	1.3 STREET ADDRESS	2434 ECON CIR., APT. 148
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	ORLANDO, FL 32817
TITLE	VD	2.1 TITLE	V/D
NAME	ARIOTTI, SCOTT R	2.2 NAME	BEVERLY MORAN, BEVERLY
STREET ADDRESS	940 DOUGLAS AVE., #188	2.3 STREET ADDRESS	1004 CASA DEL SOL CIR.
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	SD	3.1 TITLE	S/D
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CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	SANFORD, FL 32771
TITLE	D	4.1 TITLE	T/D
NAME	MILLER, JOSEPH W	4.2 NAME	WOODRUFF, DAVID
STREET ADDRESS	5711 PADGETT CIR	4.3 STREET ADDRESS	504 E. AMELIA ST.
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	ORLANDO, FL 32803
TITLE	D	5.1 TITLE	D
NAME	SIMMONS, ROGER J	5.2 NAME	MILLER, JOSEPH W.
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CITY-ST-ZIP	ORLANDO FL	5.4 CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	D	6.1 TITLE	D
NAME	AMBUSH, TONY	6.2 NAME	LEWIS, TERRY L.
STREET ADDRESS	1002 JOSHUA CREEK CT	6.3 STREET ADDRESS	6351 BROOKHILL CIR.
CITY-ST-ZIP	OVIEDO FL	6.4 CITY-ST-ZIP	ORLANDO, FL 32810

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: *David J. Woodruff* 4/21/98 (407)649-8051

CP2E037 (10/97)