

FILE NOW: FILING FEE IS \$61.25

FILED
Aug 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000005928 (4)
 1. Corporation Name
SATURN OF SARASOTA/MANATEE CARCLUB, INC.

Principal Place of Business 7777 SOUTH TAMiami TRAIL SARASOTA FL 32437	Mailing Address 7777 SOUTH TAMiami TRAIL SARASOTA FL 34231-6841
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 11/13/1996	3a. Date of Last Report
4. FEI Number APPLIED FOR 650708652	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
KACZMAREK, DORIS
7777 SOUTH TAMiami TRAIL
SARASOTA FL 32437

10. Name and Address of New Registered Agent
 81 Name **PAT DENSON**
 82 Street Address (P.O. Box Number is Not Acceptable)
7777 SOUTH TAMiami TRAIL
 83 **SARASOTA FL**
 84 City **FL** 85 Zip Code **34231**

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 *[Signature]* **VANCE DICKINSON G.M.**
 Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KACZMAREK, DORIS	
STREET ADDRESS	504 59TH STREET NORTH WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NOACK, JANET	
STREET ADDRESS	3820 WILDERNESS BLVD WEST	
CITY-ST-ZIP	PARRISH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SWIECZKOWSKI, MICHAEL	
STREET ADDRESS	3709 TARO PLACE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	RADDATZ, CARMEN C	
STREET ADDRESS	2820 GREENBRIAR STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STAIK, PAUL	
STREET ADDRESS	2992 BAY STREET	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	UD Mary Margaret Stalk
2.3 STREET ADDRESS	2992 Bay St
2.4 CITY-ST-ZIP	Sarasota, FL 34237
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD Janice McHargue
3.3 STREET ADDRESS	4001 Cuckoo Lake Blvd #102
3.4 CITY-ST-ZIP	Sarasota FL 34238
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)