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May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000005930 (0)

1. Corporation Name

SUNCOAST SATURN CARCLUB, INC.



Principal Place of Business

Mailing Address

11024 CAUSEWAY BLVD
BRANDON FL 33511

11024 CAUSEWAY BLVD
BRANDON FL 33511-1996

3. Date Incorporated or Qualified
11/13/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NICHOLSON, TOM
11024 CAUSEWAY BLVD
BRANDON FL 33511

81 Name

LOSSING, DAVID

82 Street Address (P.O. Box Number is Not Acceptable)

3208 BRYAN ROAD

83

84 City

BRANDON

FL

85 Zip Code
33511

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 617.0502, Florida Statutes.

SIGNATURE DAVID LOSSING

David A. Lossing

4-28-97

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	<input checked="" type="checkbox"/> DELETE
NAME	NICHOLSON, TOM	
STREET ADDRESS	3026 CUNARD DRIVE	
CITY-ST-ZIP	VALRICO FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BRYANT, VIRGINIA	
STREET ADDRESS	11514 CORWIN STREET	
CITY-ST-ZIP	GIBSONTON FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MARTINDALE, LOU	
STREET ADDRESS	816 BLACKBERRY LANE	
CITY-ST-ZIP	BRANDON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DODD, JIM	
STREET ADDRESS	2241 EAGLE BLUFF DRIVE	
CITY-ST-ZIP	VALRICO FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LOSSING, DAVID	
1.3 STREET ADDRESS	3208 BRYAN ROAD	
1.4 CITY-ST-ZIP	BRANDON, FL 33511	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	HAWKINS, KIT	
2.3 STREET ADDRESS	12102 DAGWOOD WAY	
2.4 CITY-ST-ZIP	RIVERVIEW FL 33569-6919	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DENNERT, CHERYL	
3.3 STREET ADDRESS	423 TAHO LANE	
3.4 CITY-ST-ZIP	VALRICO FL 33594	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARTINDALE, LOU	
4.3 STREET ADDRESS	816 BLACKBERRY LANE	
4.4 CITY-ST-ZIP	BRANDON FL 33511	
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)