

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90048 043 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000005930**

1. Corporation Name

**SUNCOAST SATURN CARCLUB, INC.**

Principal Place of Business

11024 CAUSEWAY BLVD  
BRANDON FL 33511

Mailing Address

11024 CAUSEWAY BLVD  
BRANDON FL 33511



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	3. Date Incorporated or Qualified 11/13/1996 4. FEI Number 59-3410890 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
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9. Name and Address of Current Registered Agent

**LOSSING, DAVID**  
**3208 BRYAN RD.**  
**BRANDON FL 33511**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 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

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 type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOSSING, DAVID	1.2 NAME	SHELIA SEME
STREET ADDRESS	3208 BRYAN RD.	1.3 STREET ADDRESS	34643 SUNWARD LOOP
CITY-ST-ZIP	BRANDON FL	1.4 CITY-ST-ZIP	ZEPHYRHILLS, FL 33541
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEME, SHELIA	2.2 NAME	LOSSING, DAVID
STREET ADDRESS	34643 SUNWARD LOOP	2.3 STREET ADDRESS	3208 BRYAN RD.
CITY-ST-ZIP	ZEPHYRHILLS FL 33541	2.4 CITY-ST-ZIP	BRANDON FL 33511
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMPO, CHERYL	3.2 NAME	LOU MARTINDALE
STREET ADDRESS	2003 DUNMONT DRIVE	3.3 STREET ADDRESS	816 BLACKBERRY LANE
CITY-ST-ZIP	VALRICO FL 33594	3.4 CITY-ST-ZIP	BRANDON FL 33511
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINDALE, LOU	4.2 NAME	TANYA A CADOT
STREET ADDRESS	816 BLACKBERRY LN	4.3 STREET ADDRESS	11318 MAYBROOK AVE
CITY-ST-ZIP	BRANDON FL	4.4 CITY-ST-ZIP	RIVERVIEW FL 33569
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE RECORDED*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99 813-628-4054  
Date Daytime Phone #

CR2E037 (1/98)