

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F97000000734

1. Corporation Name

MAROONE OLDSMOBILE II, INC.

Principal Place of Business

110 S.E. SIXTH ST
FT. LAUDERDALE FL 33301
US

Mailing Address

110 S.E. SIXTH ST
FT. LAUDERDALE FL 33301
US

2. Principal Place of Business

21 8600 Pines Blvd.

Suite, Apt. #, etc.

22

23 City & State
Pembroke Pines, FL

Zip

24 33024

Country

2a. Mailing Address

26 Suite, Apt. #, etc.
20th Floor

City & State

27

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DVS
COLE, JAMES O
110 S.E. SIXTH ST
FT. LAUDERDALE FL 33301

TITLE NAME STREET ADDRESS CITY-ST-ZIP

DP
HAWKINS, THOMAS W
110 S.E. SIXTH ST
FT. LAUDERDALE FL 33301

TITLE NAME STREET ADDRESS CITY-ST-ZIP

T
HYLE, KATHLEEN
110 S.E. SIXTH ST
FT. LAUDERDALE FL 33301

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

71 TITLE 72 NAME 73 STREET ADDRESS 74 CITY-ST-ZIP

81 TITLE 82 NAME 83 STREET ADDRESS 84 CITY-ST-ZIP

91 TITLE 92 NAME 93 STREET ADDRESS 94 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APPROVED
AND
FILED

99 FEB 12 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1997

4. FEI Number

65-0725287

Applied For

Not Applicable

5. Certificate of Status Desired

[]

\$8.75 Additional

Fee Required

6. Election Campaign Financing

[]

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

[] Yes

[] No

10. Name and Address of New Registered Agent

CR2E034 (11/98)