

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

FILED  
Jun 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006092 (7)

1. Corporation Name

SATURN RETAIL OF FLORIDA, INC.

Principal Place of Business

Mailing Address

SATURN OF ORLANDO SOUTH  
8620 S. ORANGE BLOSSOM TR.  
ORLANDO FL 32809

SATURN OF ORLANDO SOUTH  
8620 S. ORANGE BLOSSOM TR.  
ORLANDO FL 32809

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/18/1997

4. FEI Number

APPLIED FOR

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 or has paid the current year Intangible  
Personal Property Tax due June 30.

☒

Yes

☐

No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30 9. Name and Address of Current Registered Agent

10. Name and Address of New 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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME C LAJZIAK, JILL A  
STREET ADDRESS 1420 STEPHENSON HWY.  
CITY-ST-ZIP TROY MI 48007

TITLE ☐ DELETE

NAME C TOPORZYCKI, EDWARD J  
STREET ADDRESS 100 SATURN PKWY.  
CITY-ST-ZIP SPRING HILL TN 37174

TITLE ☐ DELETE

NAME DVAS CRANER, JAMES L  
STREET ADDRESS 100 SATURN PKWY.  
CITY-ST-ZIP SPRING HILL TN 37174

TITLE ☐ DELETE

NAME P SNYDER, JIMMY  
STREET ADDRESS 100 SATURN PKWY.  
CITY-ST-ZIP SPRING HILL TN 37174

TITLE ☐ DELETE

NAME VAS GRIFFIN, STEPHEN  
STREET ADDRESS 100 SATURN PKWY.  
CITY-ST-ZIP SPRING HILL TN 37174

TITLE ☐ DELETE

NAME ST ZAJO, JANEEN S  
STREET ADDRESS 100 SATURN PKWY.  
CITY-ST-ZIP SPRING HILL TN 37174

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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.

SIGNATURE:

*Sandra B. Mortham*

6-29-98 447-4382020

CR2E034 (1097)