

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

FILED  
Apr 06, 1999 8:00 am  
Secretary of State

04-06-1999 90069 023 \*\*\*158.75

DOCUMENT # F97000006092

1. Corporation Name  
SATURN RETAIL OF FLORIDA, INC.

Principal Place of Business  
SATURN OF ORLANDO SOUTH  
8620 S. ORANGE BLOSSOM TR.  
ORLANDO FL 32809

Mailing Address  
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 62-1723009

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

7. This corporation owes the current year Intangible  
Personal Property Tax.

☒

Yes

☐

No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

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

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

TITLE VP ☐ DELETE  
NAME SNYDER, JIMMY  
STREET ADDRESS 100 SATURN PKWY.  
CITY-ST-ZIP SPRING HILL TN 37174

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

TITLE ST ☐ DELETE  
NAME ZAIO, JANEEN S  
STREET ADDRESS 100 SATURN PKWY.  
CITY-ST-ZIP SPRING HILL TN 37174

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition  
1.2 NAME DANIELS, ROLAND  
1.3 STREET ADDRESS 3737 N. MAIN ST.  
1.4 CITY-ST-ZIP GAINESVILLE, FL. 32609

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 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

Vice President

Date

3/31/99

Daytime Phone #

407 438 2020

CR2E034 (11/98)

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