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

Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90118 015 ***150.00

DOCUMENT	#	G96357
1. Corporation Name		

COMAL	OLDSMOBILE, INC.					411 416 11 1 84 1
Principal Place	e of Business	Mailing Address			Alan Aran Dibil Annu Br	#11 #1 #11 1 # #1
CORAL OLDSM	OBILE. INC.	9330 W. ATLANTIC BLVD.				
9330 W ATLAN		CORAL SPGS FL 33071		DO NOT WRITE IN	THIS SPACE	
CORAL SPRING	iS FL 330/1	US		Date Incorporated or Qualifed	11110 01 7102	
03				04/16/1984	`.	
2 Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Apr	olied For
21	idd di Basilisto	26		59-2413280	<u> </u>	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 A	dditional ====
22		27		5. Certificate of Status Desired	Fee Re	quired
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye		_
24	25	29 3	0	Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent	aal .	10. Name and Address of New Regist	tered Agent	
DAC	e. Kenneth e.		81 Name			
1	e, renneth e.) W. Atlantic BlvD.		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
	CORAL OLDSMOBILE, INC.		83			
	AL SPGS FL 33071				· · · · · · · · · · · · · · · · · · ·	
			84 City		FL 85 Zip C	Code
11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named cor	poration submits this statement for the purpo	ose of changing its	registered
office or r	registered agent, or both, in the State C	of Florida, Suich change was auti				
agent La	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	a Statutes.	ion's board of directors. I hereby accept the	appointment as rog	Jistereu
agent. I a	m familiar with, and accept the obligati	ions of, Section 607.0505, Florid	a Statutes.	lion's board of directors. I hereby accept the	appointment as ros	jistered
agent. I a	m familiar with, and accept the obligati	and title if applicable. (NOTE: R	a Statutes. egistered Agent signature requir	red when reinstating) DA	ATE	gistereu
agent. I a SIGNATURE 12.	m familiar with, and accept the obligation of registered agent of the control of	ions of, Section 607.0505, Flond and title if applicable. (NOTE: R D DIRECTORS	egistered Agent signature required.		ATE RS AND DIRECTO	RS IN 12
agent. I a SIGNATURE 12. TITLE	m familiar with, and accept the obligation of registered agent of the second of the se	and title if applicable. (NOTE: R	egistered Agent signature required 13.	red when reinstating) DA	ATE	gistereu
agent. I a SIGNATURE 12.	In familiar with, and accept the obligation of registered agent OFFICERS AND VD PAGE, WILLIAM J.	ions of, Section 607.0505, Florid and title if applicable. (NOTE: R D DIRECTORS	a Statutes. egistered Agent signature requir 13. 1.1 TITLE 1.2 NAME	red when reinstating) DA	ATE RS AND DIRECTO	RS IN 12
agent. I a SIGNATURE 12. TITLE	In familiar with, and accept the obligation of registered agent OFFICERS AND VD PAGE, WILLIAM J. 1297 BALLANTRAE FARM DRIVI	ions of, Section 607.0505, Florid and title if applicable. (NOTE: R D DIRECTORS	a Statutes. egistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	red when reinstating) DA	ATE RS AND DIRECTO	RS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	m familiar with, and accept the obligation of registered agent OFFICERS AND VD PAGE, WILLIAM J. 1297 BALLANTRAE FARM DRIVINGEN VI	ions of, Section 607.0505, Florid and title if applicable. (NOTE: R D DIRECTORS DELETE	a Statutes. egistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	red when reinstating) DA	RS AND DIRECTO	RS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND VD PAGE, WILLIAM J. 1297 BALLANTRAE FARM DRIVI MCLEAN VI PD	ions of, Section 607.0505, Florid and title if applicable. (NOTE: R D DIRECTORS	a Statutes. egistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	red when reinstating) DA	ATE RS AND DIRECTO	RS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND VD PAGE, WILLIAM J. 1297 BALLANTRAE FARM DRIVI MCLEAN VI PD PAGE, KENNETH E.	ions of, Section 607.0505, Florid and title if applicable. (NOTE: R D DIRECTORS DELETE	a Statutes. egistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME	red when reinstating) ADDITIONS/CHANGES TO OFFICEI	RS AND DIRECTO	RS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND VD PAGE, WILLIAM J. 1297 BALLANTRAE FARM DRIVI MCLEAN VI PD PAGE, KENNETH E. 1884 MONTE CARLO WAY	ions of, Section 607.0505, Florid and title if applicable. (NOTE: R D DIRECTORS DELETE	a Statutes. egistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS	red when reinstating) ADDITIONS/CHANGES TO OFFICEI	RS AND DIRECTO	RS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND VD PAGE, WILLIAM J. 1297 BALLANTRAE FARM DRIVI MCLEAN VI PD PAGE, KENNETH E.	ions of, Section 607.0505, Florid and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE	a Statutes. egistered Agent signature requir 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	red when reinstating) ADDITIONS/CHANGES TO OFFICEI	RS AND DIRECTO	RS IN 12
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND VD PAGE, WILLIAM J. 1297 BALLANTRAE FARM DRIVI MCLEAN VI PD PAGE, KENNETH E. 1884 MONTE CARLO WAY	ions of, Section 607.0505, Florid and title if applicable. (NOTE: R D DIRECTORS DELETE	a Statutes. egistered Agent signature requir 13. 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	red when reinstating) ADDITIONS/CHANGES TO OFFICEI	RS AND DIRECTO	RS IN 12 Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature, typed or printed name of registered agent OFFICERS AND VD PAGE, WILLIAM J. 1297 BALLANTRAE FARM DRIVINGLEAN VI PD PAGE, KENNETH E. 1884 MONTE CARLO WAY CORAL SP	ions of, Section 607.0505, Florid and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE	a Statutes. egistered Agent signature requir 13. 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	red when reinstating) ADDITIONS/CHANGES TO OFFICEI	RS AND DIRECTO	RS IN 12 Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND VD PAGE, WILLIAM J. 1297 BALLANTRAE FARM DRIVINGLEAN VI PD PAGE, KENNETH E. 1884 MONTE CARLO WAY CORAL SP	ions of, Section 607.0505, Florid and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE	a Statutes. egistered Agent signature requir 13. 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	red when reinstating) ADDITIONS/CHANGES TO OFFICEI	RS AND DIRECTO	RS IN 12 Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND VD PAGE, WILLIAM J. 1297 BALLANTRAE FARM DRIVINGLEAN VI PD PAGE, KENNETH E. 1884 MONTE CARLO WAY CORAL SP	ions of, Section 607.0505, Florid and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE	a Statutes. egistered Agent signature requir 13. 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	red when reinstating) ADDITIONS/CHANGES TO OFFICEI	RS AND DIRECTO	RS IN 12 Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND VD PAGE, WILLIAM J. 1297 BALLANTRAE FARM DRIVINGLEAN VI PD PAGE, KENNETH E. 1884 MONTE CARLO WAY CORAL SP	ions of, Section 607.0505, Florid and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE	a Statutes. egistered Agent signature requir 13. 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	red when reinstating) ADDITIONS/CHANGES TO OFFICEI	RS AND DIRECTO Change Change	RS IN 12 Addition Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI VD PAGE, WILLIAM J. 1297 BALLANTRAE FARM DRIVI MCLEAN VI PD PAGE, KENNETH E. 1884 MONTE CARLO WAY CORAL SP	ions of, Section 607.0505, Florid and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE	a Statutes. egistered Agent signature requir 13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 22 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	red when reinstating) ADDITIONS/CHANGES TO OFFICEI	RS AND DIRECTO Change Change	RS IN 12 Addition Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI VD PAGE, WILLIAM J. 1297 BALLANTRAE FARM DRIVI MCLEAN VI PD PAGE, KENNETH E. 1884 MONTE CARLO WAY CORAL SP	ions of, Section 607.0505, Florid and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE	a Statutes. egistered Agent signature requir 13. 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	red when reinstating) ADDITIONS/CHANGES TO OFFICEI	RS AND DIRECTO Change Change	RS IN 12 Addition Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI VD PAGE, WILLIAM J. 1297 BALLANTRAE FARM DRIVI MCLEAN VI PD PAGE, KENNETH E. 1884 MONTE CARLO WAY CORAL SP	ions of, Section 607.0505, Florid and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE	a Statutes. egistered Agent signature requir 13. 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	red when reinstating) ADDITIONS/CHANGES TO OFFICEI	RS AND DIRECTO Change Change	RS IN 12 Addition Addition Addition
agent. I a SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI VD PAGE, WILLIAM J. 1297 BALLANTRAE FARM DRIVI MCLEAN VI PD PAGE, KENNETH E. 1884 MONTE CARLO WAY CORAL SP	i and title if applicable. (NOTE: R D DIRECTORS DELETE DELETE DELETE DELETE	a Statutes. egistered Agent signature requir 13. 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 4.1 TITLE 4 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	red when reinstating) ADDITIONS/CHANGES TO OFFICEI	RS AND DIRECTO Change Change Change	RS IN 12 Addition Addition Addition 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Change

☐ Addition