

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # M48255 (7)

1. Corporation Name

MAROONE OLDSMOBILE, INC.



Principal Place of Business

Mailing Address

8600 PINES BOULEVARD
POST OFFICE BOX 83009
PEMBROKE PINES FL 33024

8600 PINES BOULEVARD
POST OFFICE BOX 83009
PEMBROKE PINES FL 33024

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

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/13/1987

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2780253

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

MAROONE, MICHAEL E.
8600 PINES BOULEVARD
PEMBROKE PINES FL 33024

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

Michael E. Maroone

MICHAEL E. MAROONE

4-30-96

(Print Name of Registered Agent and Title)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME MAROONE, ALBERT E.
STREET ADDRESS 17915 FOXBOROUGH LN.
CITY-STATE-ZIP BOCA RATON FL ☐ DELETE

TITLE PD
NAME MAROONE, MICHAEL E.
STREET ADDRESS 2665 HACKNEY DR.
CITY-STATE-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE STD
NAME MAROONE, MICHAEL E.
STREET ADDRESS 2665 HACKNEY RD
CITY-STATE-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE VCFO
NAME REESE, DONALD J.
STREET ADDRESS 2682 EDGEWATER COURT
CITY-STATE-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE VP
NAME HODGEN, BRADLEY N.
STREET ADDRESS 729 CRYSTAL COURT
CITY-STATE-ZIP FT. LAUDERDALE FL ☐ DELETE

TITLE VPM
NAME GRAHAM, KENNETH
STREET ADDRESS 410 ALEXANDRIA CIR.
CITY-STATE-ZIP FT. LAUDERDALE FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

8600 PINES BOULEVARD
PEMBROKE PINES, FL 33024

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

8600 PINES BOULEVARD
PEMBROKE PINES, FL. 33024

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

8600 PINES BOULEVARD
PEMBROKE PINES, FL. 33024

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael E. Maroone

4-30-96

(954) 433-3300

DATE TELEPHONE

CR2E034 (12/95)