

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # M48255

(7)

1. Corporation Name

MAROONE OLDSMOBILE, INC.

Principal Place of Business

Mailing Address

450 E. LAS OLAS BLVD.  
FT. LAUDERDALE FL 33301

450 E. LAS OLAS BLVD.  
FT. LAUDERDALE FL 33301

FILED

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SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/13/1987	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2780253	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	HAWKINS, THOMAS W	
STREET ADDRESS	450 E. LAS OLAS BLVD., #1200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HANDLEY, RICHARD L	
STREET ADDRESS	450 E. LAS OLAS BLVD., #1200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	PST	<input type="checkbox"/> DELETE
NAME	MAROONE, MICHAEL E	
STREET ADDRESS	450 E. LAS OLAS BLVD., #1200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	REESE, DONALD J	
STREET ADDRESS	450 E. LAS OLAS BLVD., #1200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HODGEN, BRADLEY N	
STREET ADDRESS	450 E. LAS OLAS BLVD. #1200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PEDDY, COURTLAND	
STREET ADDRESS	450 E. LAS OLAS BLVD., #1200	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	

11 TITLE	100002245781-84
12 NAME	-07/23/97--01129--008
13 STREET ADDRESS	*****550.00 *****550.00
14 CITY-ST-ZIP	
21 TITLE	SD
22 NAME	James C. Cole
23 STREET ADDRESS	450 E. LAS OLAS BLVD. #1200
24 CITY-ST-ZIP	FL LAUDERDALE, FL 33301
31 TITLE	P
32 NAME	Michael E. Marcone
33 STREET ADDRESS	450 E. LAS OLAS BLVD. #1200
34 CITY-ST-ZIP	FL LAUDERDALE, FL 33301
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	T
62 NAME	Kathleen Hyle
63 STREET ADDRESS	450 E. LAS OLAS BLVD. #1200
64 CITY-ST-ZIP	FL LAUDERDALE, FL 33301

14. I do 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

064 713-62m

CR2E034 (4/97)