

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

FILED
Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M48255 (7)
1. Corporation Name
MAROONE OLDSMOBILE, INC.

Principal Place of Business
450 E. LAS OLAS BLVD.
FT. LAUDERDALE FL 33301

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 110 SE Sixth St. Suite, Apt. #, etc. 22 City & State 23 Ft. Lauderdale, FL Zip 24 33301 Country		2a. Mailing Address 26 110 SE Sixth St. Suite, Apt. #, etc. 27 City & State 28 Ft. Lauderdale, FL Zip 29 33301 Country		3. Date Incorporated or Qualified 03/13/1987	
				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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

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

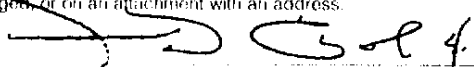
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	☐ DELETE		11 TITLE		☒ Change ☐ Addition	
NAME	HAWKINS, THOMAS W			12 NAME			
STREET ADDRESS	450 E. LAS OLAS BLVD., #1200			13 STREET ADDRESS	110 SE Sixth St.		
CITY-ST-ZIP	FT. LAUDERDALE FL 33301			14 CITY-ST-ZIP	Ft. Lauderdale, FL 33301		
TITLE	SD	☐ DELETE		21 TITLE		☒ Change ☐ Addition	
NAME	COLE, JAMES O			22 NAME			
STREET ADDRESS	450 E. LAS OLAS BLVD., #1200			23 STREET ADDRESS	110 SE Sixth St.		
CITY-ST-ZIP	FT. LAUDERDALE FL 33301			24 CITY-ST-ZIP	Ft. Lauderdale, FL 33301		
TITLE	P	☐ DELETE		31 TITLE		☒ Change ☐ Addition	
NAME	MAROONE, MICHAEL E			32 NAME			
STREET ADDRESS	450 E. LAS OLAS BLVD., #1200			33 STREET ADDRESS	110 SE Sixth St.		
CITY-ST-ZIP	FT. LAUDERDALE FL 33301			34 CITY-ST-ZIP	Ft. Lauderdale, FL 33301		
TITLE	T	☐ DELETE		41 TITLE		☒ Change ☐ Addition	
NAME	HYLE, KATHLEEN			42 NAME			
STREET ADDRESS	450 E. LAS OLAS BLVD., #1200			43 STREET ADDRESS	110 SE Sixth St.		
CITY-ST-ZIP	FT. LAUDERDALE FL 33301			44 CITY-ST-ZIP	Ft. Lauderdale, FL 33301		
TITLE		☐ DELETE		51 TITLE		☐ Change ☐ Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		☐ DELETE		61 TITLE		☐ Change ☐ Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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.

SIGNATURE:



2/17/98

954-769-6000

CR2E034 (10/97)