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Feb 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
**1998**

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.<br>FT. LAUDERDALE FL 33301 | 450 E. LAS OLAS BLVD.<br>FT. LAUDERDALE FL 33301 |

DO NOT WRITE IN THIS SPACE

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

2. Principal Place of Business
21 110 SE Sixth St.
Suite, Apt. #, etc. 22
City & State 23 Ft. Lauderdale, Fl
Zip 24 33301 Country 25

2a. Mailing Address
26 110 SE Sixth St.
Suite, Apt. #, etc. 27
City & State 28 Ft. Lauderdale, Fl
Zip 29 33301 Country 30

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HAWKINS, THOMAS W<br>450 E. LAS OLAS BLVD., #1200<br>FT. LAUDERDALE FL 33301 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>110 SE Sixth St.<br>Ft. Lauderdale, FL 33301 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>COLE, JAMES O<br>450 E. LAS OLAS BLVD., #1200<br>FT. LAUDERDALE FL 33301 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>110 SE Sixth St.<br>Ft. Lauderdale, FL 33301 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>MAROONE, MICHAEL E<br>450 E. LAS OLAS BLVD., #1200<br>FT. LAUDERDALE FL 33301 | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>110 SE Sixth St.<br>Ft. Lauderdale, FL 33301 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>HYLE, KATHLEEN<br>450 E. LAS OLAS BLVD., #1200<br>FT. LAUDERDALE FL 33301 | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | ☒ Change ☐ Addition<br>110 SE Sixth St.<br>Ft. Lauderdale, FL 33301 | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | ☐ Change ☐ Addition | |

CR2E034 (10/97)

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:** [signature] 2/17/98 954-769-6000