

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N43313 (8)

1. Corporation Name

SUNSHINE OLDS DEALERS ADVERTISING ASSOCIATION, I
NC.



Principal Place of Business

Mailing Address

C/O MAROONE OLDSMOBILE
8600 PINES BOULEVARD
PEMBROKE PINES FL 33024

C/O MAROONE OLDSMOBILE
8600 PINES BOULEVARD
PEMBROKE PINES FL 33024

3. Date Incorporated or Qualified

05/06/1991

3a. Date of Last Report

03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 40 Jane E. miles CAA

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 City & State

Zip

Country

24 25 29 30 32777 USA

4. FEI Number

59-1443901

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRAHAM, KEN
MAROONE OLDSMOBILE
8600 PINES BLVD.
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 617.0502 and 617.1508, 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 617.0503, 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 STD ☐ DELETE
NAME GRAHAM, KEN
STREET ADDRESS 8600 PINES BLVD.
CITY-ST-ZIP PEMBROKE PINES FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME PAGE, KEN
STREET ADDRESS 9330 W. ATLANTIC BLVD.
CITY-ST-ZIP CORAL SPRINGS FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME KING, CLAY
STREET ADDRESS 700 E. SUNRISE BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME ABRAHAM, ANTHONY
STREET ADDRESS 4265 SW 8 STREET
CITY-ST-ZIP MIAMI FL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE
NAME MENTON, PETE
STREET ADDRESS 29700 S. DIXIE HWY
CITY-ST-ZIP MIAMI FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PD ☒ DELETE
NAME RIVERA, AURELIO
STREET ADDRESS 1815 NORTHEAST 123RD STREET
CITY-ST-ZIP NORTH MIAMI FL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

PD
Jose Galvo
Angel Buich - Olds, 1505 Ponce de
Coral Gables FL 33134-4009 Leon Blvd.

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 617, 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

Date

Daytime Phone #

4/22/96

954-433-3300

CR2E037 (12/95)