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**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90141 015 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N43313**

1. Corporation Name

**SUNSHINE OLDS DEALERS ADVERTISING ASSOCIATION, I NC.**

Principal Place of Business  
C/O MAROONE OLDSMOBILE  
8600 PINES BOULEVARD  
PEMBROKE PINES FL 33024

Mailing Address  
C/O MILES, JANE. E. CAA  
P.O. BOX 398  
TANGERINE FL 32777  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 <b>2575 NW 27th St</b>	<b>05/06/1991</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	<b>59-1443901</b>
City & State	City & State	Applied For
23	<b>Boca Raton FL</b>	<input type="checkbox"/> Not Applicable
Zip	Zip	5. Certificate of Status Desired
24	<b>33434</b>	<input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
Country	Country	6. Election Campaign Financing
25	<b>Palm Beach</b>	<input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
29	30	Trust Fund Contribution

9. Name and Address of Current Registered Agent

**GRAHAM, KEN**  
**MAROONE OLDSMOBILE**  
**8600 PINES BLVD.**  
**PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAHAM, KEN</b>	1.2 NAME	
STREET ADDRESS	<b>8600 PINES BLVD.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PAGE, KEN</b>	2.2 NAME	
STREET ADDRESS	<b>9330 W. ATLANTIC BLVD.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KING, CLAY</b>	3.2 NAME	
STREET ADDRESS	<b>700 E. SUNRISE BLVD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABRAHAM, ANTHONY</b>	4.2 NAME	
STREET ADDRESS	<b>4265 SW 8 STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MENTON, PETE</b>	5.2 NAME	
STREET ADDRESS	<b>29700 S. DIXIE HWY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	5.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CALVO, JOSE</b>	6.2 NAME	
STREET ADDRESS	<b>ANGEL BUICK OLDS, 1505 PONCEDE LEON BLVD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CORAL GABLES FL</b>	6.4 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**2/9/99**

**954.433-3300**

Date

Daytime Phone #

CR2E037 (11/98)