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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N43705

1. Corporation Name
CLASSIC CAMARO OF CENTRAL FLORIDA INC.

Principal Place of Business	Mailing Address
BOX 948069 MAITLAND FL 32794-8069 US	BOX 948069 MAITLAND FL 32794-8069 US

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
06/04/1991

4. FEI Number
59-3023292
☐ 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

9. Name and Address of Current Registered Agent

KELIHER, JIM
6970 KNIGHTSWOOD DR
ORLANDO FL 32818

10. Name and Address of New Registered Agent

81 Name: Jim Cavender II
82 Street Address (P.O. Box Number Is Not Acceptable): 3176 Curry Woods CIRCLE
83
84 City: Orlando FL 85 Zip Code: 32822

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 _____ 1/13/99
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	DT	☒ DELETE	1.1 TITLE	President DP	☐ Change ☒ Addition
NAME	LEPORTE, CHRIS		1.2 NAME	Jim Cavender II	
STREET ADDRESS	941 SEMINOLE WOODS BLVD		1.3 STREET ADDRESS	3176 Curry Woods Circle	
CITY-ST-ZIP	GENEVA FL 32732		1.4 CITY-ST-ZIP	Orlando, FL 32822	
TITLE	DP	☒ DELETE	2.1 TITLE	VICE PRESIDENT DV	☐ Change ☒ Addition
NAME	KELIHER, JIM		2.2 NAME	SEAN TOUMASOFF	
STREET ADDRESS	6970 KNIGHTSWOOD DR		2.3 STREET ADDRESS	2763 Shannin DR	
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP	ST. Cloud, FL 34771	
TITLE	DV	☒ DELETE	3.1 TITLE	Secretary DS	☐ Change ☒ Addition
NAME	CACVENDER, JIMMY R. II		3.2 NAME	Stacie Cavender	
STREET ADDRESS	3176 CURRY WOODS CIR		3.3 STREET ADDRESS	3176 Curry Woods Cir.	
CITY-ST-ZIP	ORLANDO FL		3.4 CITY-ST-ZIP	Orlando FL 32822	
TITLE	DS	☒ DELETE	4.1 TITLE	TREASURER DT	☐ Change ☒ Addition
NAME	COLLINS, ANITA L		4.2 NAME	JOHN OBRIEN	
STREET ADDRESS	312 MAC ARTHUR DRIVE		4.3 STREET ADDRESS	2948 ARAGON TERRACE	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	LAKEMARY, FL 32746	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 1/13/99 407-862-7755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #