

**NOTE: FILING FEE AFTER MAY 1 IS \$155.00**

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AND  
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**95 MAR 10 PM 8:06**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # N45631 (1)**  
1. Corporation Name  
**ALFA ROMEO CLUB OF SOUTH FLORIDA, INC.**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified <b>10/15/1991</b>	3a. Date of Last Report <b>02/28/1994</b>
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Principal Place of Business		Mailing Address	
126 SEA ISLAND LN BOCA RATON FL 33431 US		126 SEA ISLAND LN BOCA RATON FL 33431 US	
21. Principal Place of Business	2a. Mailing Address	26. Principal Place of Business	2a. Mailing Address
1200 N. Atlantic Blvd.	1200 N. Atlantic Blvd.	1200 N. Atlantic Blvd.	1200 N. Atlantic Blvd.
Suite, Apt. #, etc. # 302	Suite, Apt. #, etc. # 302	Suite, Apt. #, etc. # 302	Suite, Apt. #, etc. # 302
City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL	City & State Ft. Lauderdale, FL
Zip 33304	Country USA	Zip 33304	Country USA

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent											
LANZI, RAYMOND 126 SEA ISLAND LN BOCA RATON FL 33431		<table border="1"> <tr> <td>81 Name</td> <td>Elden, Marianne A.</td> </tr> <tr> <td>82 Street Address (P.O. Box Number is Not Acceptable)</td> <td>1200 N. Atlantic Blvd. # 302</td> </tr> <tr> <td>83</td> <td></td> </tr> <tr> <td>84 City</td> <td>Ft. Lauderdale FL</td> </tr> <tr> <td>85 Zip Code</td> <td>33304</td> </tr> </table>		81 Name	Elden, Marianne A.	82 Street Address (P.O. Box Number is Not Acceptable)	1200 N. Atlantic Blvd. # 302	83		84 City	Ft. Lauderdale FL	85 Zip Code	33304
81 Name	Elden, Marianne A.												
82 Street Address (P.O. Box Number is Not Acceptable)	1200 N. Atlantic Blvd. # 302												
83													
84 City	Ft. Lauderdale FL												
85 Zip Code	33304												

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 Marianne A. Elden Marianne A. Elden 2-10-95  
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	P	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE III, JAMES	1.2 NAME	
STREET ADDRESS	9647 NEVADA PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINGART, PAUL	2.2 NAME	
STREET ADDRESS	33071 NW 15TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	Elden, Marianne <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANZI, RAYMOND	3.2 NAME	
STREET ADDRESS	126 SEA ISLAND LN	3.3 STREET ADDRESS	1200 N. Atlantic Blvd. # 302
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304
TITLE	D	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCARLETT, CRAIG	4.2 NAME	
STREET ADDRESS	6750 NW 27TH AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marianne A. Elden 2-10-95 305-777-0443  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #