

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 # **N45631 (1)**
1. Corporation Name

ALFA ROMEO CLUB OF SOUTH FLORIDA, INC.



Principal Place of Business: **1200 N ATLANTIC BLVD #302 FT LAUDERDALE FL 33304 US**
Mailing Address: **1200 N ATLANTIC BLVD #302 FT LAUDERDALE FL 33304 US**

3. Date incorporated or Qualified: **10/15/1991**
3a. Date of Last Report: **03/10/1995**

2. Principal Place of Business: **21 2628 NE 37th Dr.**
2a. Mailing Address: **26 2628 NE 37th Dr.**

4. FEI Number: **59-260278**
NOT APPLICABLE
Applied For: Not Applicable:

22 Suite, Apt. #, etc.

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23 City & State: **Ft. Lauderdale, FL**
28 City & State: **Ft. Lauderdale, FL**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24 Zip: **33308** 25 Country: **USA**
29 Zip: **33308** 30 Country: **USA**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**ELDEN, MARIANNE A.
1200 N. ATLANTIC BLVD.
#302
FT. LAUDERDALE FL 33304**

10. Name and Address of New Registered Agent
81 Name: **RAYMOND DOBBINS**
82 Street Address (P.O. Box Number is Not Acceptable): **2628 NE 37TH DR.**
83
84 City: **FT. LAUD.** 85 Zip Code: **FL 33308**

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: **Raymond Dobbins** (NOTE: Registered agent signature required when reinstating) DATE: **Jan. 21, 1996**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LAWRENCE III, JAMES	
STREET ADDRESS	9647 NEVADA PLACE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEINGART, PAUL	
STREET ADDRESS	33071 NW 15TH ST	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ELDEN, MARIANNE	
STREET ADDRESS	1200 N. ATLANTIC BLVD. #302	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCARLETT, CRAIG	
STREET ADDRESS	6750 NW 27TH AVE	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	O	JAMES LAWRENCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		9486 Baritone Ct.	
1.3 STREET ADDRESS		Boca Raton, FL 33496	
1.4 CITY-ST-ZIP			
2.1 TITLE	O	JOHN HICKS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		2848 NE 35 ST	
2.3 STREET ADDRESS		LIGHTHOUSE PT, FL 33064	
2.4 CITY-ST-ZIP			
3.1 TITLE	T	RAYMOND DOBBINS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		2628 NE 37TH DR	
3.3 STREET ADDRESS		FT. LAUD., FL	
3.4 CITY-ST-ZIP		33308	
4.1 TITLE	O		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP		33309	
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		600001774286	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		-04/09/96--01116--004	
6.3 STREET ADDRESS		***61.25	
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)(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: **RAYMOND DOBBINS** DATE: **1/21/96** DAYTIME PHONE #: **954/563-7705**

CR2E037 (12/95)