

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000000047 (1)

1. Corporation Name

SUNSHINE STATE CAMARO CLUB, INC.

Principal Place of Business

Mailing Address

1325 ST. ANDREWS DRIVE
TAMPA FL 33612

1325 ST. ANDREWS DRIVE
TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/30/1992

3a. Date of Last Report
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21 1010 HUMMINGBIRD LANE
Suite, Apt. #, etc.

26 1010 HUMMINGBIRD LANE
Suite, Apt. #, etc.

4. FEI Number
59-3160385

Applied For
Not Applicable

22 City & State
BRANDON, FL

27 City & State
BRANDON, FL

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23 Zip
33511

Country
USA

28 Zip
33511

Country
USA

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Signature

9. Name and Address of Current Registered Agent

MARSHALL, ALAN
1325 ST. ANDREWS DRIVE
TAMPA FL 33612

10. Name and Address of New Registered Agent

81 Name
GREG A. FREDERICK

82 Street Address (P.O. Box Number is Not Acceptable)
1010 HUMMINGBIRD LANE

83

84 City
BRANDON

FL

85 Zip Code
33511

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

9/12/97

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MARSHALL, ALAN
STREET ADDRESS 1325 ST. ANDREWS DRIVE
CITY-ST-ZIP TAMPA FL 33612

DELETE

TITLE VD
NAME SNIDER, ROBERT
STREET ADDRESS 730 24TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33704

DELETE

TITLE SD
NAME DEPEW, CHRISTINA
STREET ADDRESS 3501-65TH AVE CIR. E
CITY-ST-ZIP SARASOTA FL

DELETE

TITLE TD
NAME SNIDER, SARAH
STREET ADDRESS 730 24TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL 33704

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME FREDERICK, GREG A
1.3 STREET ADDRESS 1010 HUMMINGBIRD LANE
1.4 CITY-ST-ZIP BRANDON, FL 33511

Change Addition

2.1 TITLE VD
2.2 NAME DEPEW, DOUG
2.3 STREET ADDRESS 3501-65th AVE. CIR. E
2.4 CITY-ST-ZIP SARASOTA, FL 34243

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do 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.

SIGNATURE GREG A. FREDERICK

9/23/97

913-1654-3795

CR2E037 (4/97)