


FILE NOW: FILING FEE IS \$61.25

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90066 001 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N93000000047 | | | | | |
| 1. Corporation Name SUNSHINE STATE CAMARO CLUB, INC. | | | | | |
| Principal Place of Business 1325 ST ANDREWS DR TAMPA FL 33612 US | | | Mailing Address 1325 ST ANDREWS DR TAMPA FL 33612 US | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 12/30/1992 | |
| 22 City & State | | 27 City & State | | 4. FEI Number 59-3160385 | |
| 23 Zip | | 28 Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 Country | | 29 Country | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | |
| MARSHALL, ALAN 1325 ST ANDREWS DR TAMPA FL 33612 | | | 81 Name | | |
| | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | 83 | | |
| | | | 84 City | | |
| | | | 85 Zip Code | | |
| | | | FL | | |
| 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 X <u>ALAN MARSHALL, PRESIDENT</u> <u>Alan Marshall</u> 1/19/99 | | | | | |
| (NOTE: Registered Agent signature required when reinstating) | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE PD <input type="checkbox"/> DELETE | | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME MARSHALL, ALAN | | | 1.2 NAME | | |
| STREET ADDRESS 1325 ST ANDREWS DR | | | 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP TAMPA FL 33612 | | | 1.4 CITY-ST-ZIP | | |
| TITLE VD <input checked="" type="checkbox"/> DELETE | | | 2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME CERNIGLIA, GRACE | | | 2.2 NAME | | |
| STREET ADDRESS 1650 SPOTTSWOOD CIR | | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP PALM HARBOR FL 34683 | | | 2.4 CITY-ST-ZIP | | |
| TITLE SD <input type="checkbox"/> DELETE | | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME KEENE, PATRICIA | | | 3.2 NAME | | |
| STREET ADDRESS 28399 OPENFIELD LOOP | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP WESLEY CHAPEL FL 33543 | | | 3.4 CITY-ST-ZIP | | |
| TITLE TD <input type="checkbox"/> DELETE | | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME SNIDER, SARAH | | | 4.2 NAME | | |
| STREET ADDRESS 730 24TH AVENUE NORTH | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP ST. PETERSBURG FL 33704 | | | 4.4 CITY-ST-ZIP | | |
| TITLE <input type="checkbox"/> DELETE | | | 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 <input type="checkbox"/> DELETE | | | 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 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: X ALAN MARSHALL, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)