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NONPROFIT CORPORATION ANNUAL REPORT



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

A INCHIBAT ORD LORAR CORRESPONDED AND A COLUMN CORRESPONDED FOR THE PROPERTY OF THE PROPERTY O

1996 DOCUMENT # N9400000896 (0) 1, Corporation Name

VOLUSIA COUNTY OLDSMOBILE DEALERS ASSOCIATION, I

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Principal Place	e of Business	Mailing Address			E 30 30 31 E 12	
2800 S. HWY, 17-92 2800 S. H		Mailing Address 2800 S. HWY. 17-92				
DELAND FL	32720	DELAND FL 32720				
				3. Date Incorporated or Qualified 02/21/1994	3a. Date of Last Report 02/13/1995	1
2. Principal Pi	Place of Business	2a. Mailing Address		4. FEI Number APPLIED FOR 59-3.	305243 Applie	
Suite, Apt.	#. etc	Suite, Apt. #, etc.		- ALTEICO FOR	1400.74	oplicable
2		27		5. Certificate of Status Desired	S8.75 Add	
Crty & Stati	te	City & State		6. Election Campaign Financing	\$5.00 ма	
Zip	Country	28 Zip	Country	Trust Fund Contribution	Added to F	
]	25	29	30	This corporation has liability for int Florida Statutes	tangible tax under s. 199.0 Yes [] No	32,
	9. Name and Address of Cur	1=-1		10. Name and Address of New Reg		
			81 Name		 	
BONDES	SEN, FREDERIC R		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
2800 S.	HWY. 17-92		Street Addi	ress (i .o. box Number is Not Acceptable))	
DELAND) FL 32720		83			
			84 City		FL 85 Zip Code	
1. Pursuant	to the provisions of Sections 617.0	502 and 617.1508. Florida Statu	Ites, the above-named corpor	ration submits this statement for the purpo		ad affia
Or register	red agent, or both, in the state of r	Tonga, Such change was aumor	ized by the corporation's boa	ration subtries this statement for the purpoint of directors. I hereby accept the appoin	itment as registered agent	ea onic . I am
		Contino 617.0609. Elocido Otabete				
	ith, and accept the obligations of, S	Section 617.0503, Florida Statute	9\$.			
GNATURE .	tin, and accept the obligations of, S Signature, typeo or printed name of registered a	section 617.0503, Florida Statute	98.	id when reinstating)	DATE	
GNATURE .	Signature, typeo or printed name of registered a	section 617.0503, Florida Statute	9S. NOTE: Registered Agent signature require 13.		DATE ERS AND DIRECTORS IN	12
GNATURE .	Signature, types or printed name of registered a OFFICERS	agent and the Jappicanie (A	95. NOTE: Registered Agent signature require	nd when reinstating) ADDITIONS/CHANGES 10 OFFICE	FRS AND DIRECTORS IN	12 Addition
IGNATURE _ 2.	Signature, typeo or printed name of registered a OFFICERS D BONDESEN, FREDERIC R	agent and title I applicable (AND DIRECTORS	os. NOTE: Registered Agent signature require 13.		FRS AND DIRECTORS IN	
IGNATURE . 2. ILE	Sgnature, types or printed name of registered a OFFICERS D BONDESEN, FREDERIC R 2800 S. HWY. 17-92	agent and title I applicable (AND DIRECTORS	NOTE: Registered Agent signature require 13. 1.1 TITLE		FRS AND DIRECTORS IN	
IGNATURE _ 2. ILE MME REET ADDRESS TY+ST-ZIP	Signature, types or printed name of registered a OFFICERS D BONDESEN, FREDERIC R 2800 S. HWY. 17-92 DELAND FL 32720	egent and time if applicable (** AND DIRECTORS DELETE	NOTE: Registered Agent signature require 13. 1.1 TITLE 1.2 NAME		FRS AND DIRECTORS IN	
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IGNATURE 2. ILLE AME IREET ADDRESS TY - ST - ZIP TLE AME	Signature, types or printed name of registered a OFFICERS D BONDESEN, FREDERIC R 2800 S. HWY. 17-92 DELAND FL 32720 D HIGGINBOTHAM, DENNIS	gent and time J applicable (** AND DIRECTORS DELETE DELETE	NOTE: Registered Agent signature require 13. 1.1 TITLE 12 NAME 13 STREET ADDRESS 1.4 CiTy-ST-ZIP		ERS AND DIRECTORS IN Change 1	Addition
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