

FILE NOW: FILING FEE IS \$61.25

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Apr 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000005004 (6)

1. Corporation Name

Golden Oldies Car Club, Inc.

Principal Place of Business 11352-117th Ave. N. Largo, FL 34648	Mailing Address 11352-117th Ave. N. Largo, FL 34648
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2. Principal Place of Business 21 6236 Fallingleaf Court Suite, Apt. #, etc.		2a. Mailing Address 26 6236 Fallingleaf Court Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/07/94	3a. Date of Last Report 04/28/96
22. City & State 23 Pinellas Park, FL Zip 34666 Country USA		27. City & State 28 Pinellas Park, FL Zip 34666 Country USA		4. FEI Number 59-3272028	Applied For Not Applicable
24. Certificate of Status Desired <input type="checkbox"/>		25. \$8.75 Additional Fee Required		5. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
26. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		27. \$5.00 May Be Added to Fees		28. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent Davis, Linda 11352-117th Ave. N. Largo, FL 34648		10. Name and Address of New Registered Agent 81 Name Rich Gasperin 82 Street Address (P.O. Box Number is Not Acceptable) 6236 Fallingleaf Court 83 84 City Pinellas Park FL 85 Zip Code 33782	
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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 Rich Gasperin (SO) *[Signature]* **DATE** 4/1/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
PD Davis, Samuel B. 11352 N 117 Ave. Largo, FL	<input type="checkbox"/> DELETE	VPD Ed Nizza 1501 Norfolk St. N. St. Petersburg, FL 33710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VPD George Polinsky 11428-117th Ave. N. Largo, FL 34648	<input checked="" type="checkbox"/> DELETE	TD Scott Chesney 7975-23rd Ave. N. St. Petersburg, FL 33710	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TD Scott Chesney 7975-23rd Ave. N. St. Petersburg, FL 33710	<input checked="" type="checkbox"/> DELETE	SO Paul Oliver 8857-67th Way N. Pinellas Park, FL 34666	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SO Davis, Linda 11352 N. 117 Ave. Largo, FL	<input checked="" type="checkbox"/> DELETE	SO Rich Gasperin 6236 Fallingleaf Court Pinellas Park, FL 33782	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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. 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: Samuel B. Davis *[Signature]* **DATE** 4/1/97 **(813) 397-2757**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)