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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

603070 - 90011 - 43

DOCUMENT # N98000001603

1. Corporation Name
PORSCHE OWNERS CLUB FLORIDA REGION, INC.

Principal Place of Business	Mailing Address
10215 NW 53 STREET SUNRISE FL 33351	10215 NW 53 STREET SUNRISE FL 33351

2. Principal Place of Business
Suite, Apt. #, etc. SAME
City & State
Zip Country

2a. Mailing Address
26 1930 Corsica Dr.
Suite, Apt. #, etc.
27
City & State
28 WELLINGTON, FL.
Zip 29 33414 Country 30 PalmBeach Cty

3. Date Incorporated or Qualified
03/19/1998

4. FEI Number
65-0831318
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

VARELA, ROBERT M
10215 NW 53 STREET
SUNRISE FL 33351

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Not Acceptable) SAME
83
84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Robert M. Varela	1.2 NAME	
STREET ADDRESS	1930 Corsica Dr.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Wellington, FL. 33414	1.4 CITY-ST-ZIP	
TITLE	Vice President ☐ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	Ralph Byer	2.2 NAME	
STREET ADDRESS	4006 Riviera Isle	2.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	2.4 CITY-ST-ZIP	
TITLE	Treasurer ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Robert Shuster	3.2 NAME	
STREET ADDRESS	22155 Martella Ave	3.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33433	3.4 CITY-ST-ZIP	
TITLE	Secretary ☐ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	Alan Zilinsky	4.2 NAME	
STREET ADDRESS	19505 Stonewall Dr.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton, FL 33498	4.4 CITY-ST-ZIP	
TITLE	Director ☐ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME	~~Richard~~ Ritchie Holt	5.2 NAME	
STREET ADDRESS	880 Somerset Ave	5.3 STREET ADDRESS	
CITY-ST-ZIP	Davie, FL. 33325	5.4 CITY-ST-ZIP	
TITLE	Director ☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME	Ernest Varella	6.2 NAME	
STREET ADDRESS	13737 SW 34th St.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Davie FL 33175	6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: ~~SIGNATURE REQUIRED~~ 4-26-99 561-451-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Al Zilinsky — Date — Daytime Phone #

8/3/99