

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90020 038 ****61.25

DOCUMENT # N98000002141

1. Corporation Name

CORVETTE CRUISERS OF GREATER DAYTONA BEACH, INC.

Principal Place of Business

719 KATHERINE ST.
SOUTH DAYTONA FL 32119

Mailing Address

P.O. BOX 1956
NEW SMYRNA BEACH FL 32170



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/13/1998

4. FEI Number

59-3529976

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

QUINN, JAMES
719 KATHERINE ST.
SOUTH DAYTONA FL 32119

10. Name and Address of New Registered Agent

81 Name

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☒ DELETE
NAME FEDELE, FRANK
STREET ADDRESS 2671 JOHN ANDERSON DR.
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE DV ☐ DELETE
NAME LAGES, GEORGE
STREET ADDRESS 104 SAND DUNES DR.
CITY-ST-ZIP ORMOND BEACH FL 32176

TITLE DS ☐ DELETE
NAME ERICSON, DONNA
STREET ADDRESS 5465 LANDIS AVE.
CITY-ST-ZIP PORT ORANGE FL 32127

TITLE DT ☐ DELETE
NAME QUINN, JAMES
STREET ADDRESS 719 KATHERINE ST.
CITY-ST-ZIP SOUTH DAYTONA FL 32119

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition
1.2 NAME LAGES, GEORGE
1.3 STREET ADDRESS 104 SAND DUNES DR
1.4 CITY-ST-ZIP ORMOND BEACH, FL 32176

2.1 TITLE DV ☐ Change ☒ Addition
2.2 NAME FISHER, ROBERT
2.3 STREET ADDRESS 147 GREEN HERON CT.
2.4 CITY-ST-ZIP DAYTONA BEACH, FL 32119

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/99
Date

904-761-3403
Daytime Phone #

CR2E037 (11/98)