

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 \*AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0124880

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

98 JUL 24 AM 10:39

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**DOCUMENT # S04890 (7)**

1. Corporation Name **SATURN OF CLEARWATER, INC.**

Principal Place of Business <b>2339 GULF-TO-BAY BLVD. CLEARWATER FL 34625</b>	Mailing Address <b>2339 GULF-TO-BAY BLVD. CLEARWATER FL <del>34625</del> XXX 33765</b>
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**2336 Gulf-to-Bay Blvd.  
Clearwater, FL 33765**

DO NOT WRITE IN THIS SPACE

21 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	22 Mailing Address Suite, Apt. #, etc. City & State Zip Country
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3. Date Incorporated or Qualified <b>10/04/1990</b>	4. FEI Number <b>59-3030177</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**MC FARLAND, DONALD  
311 SOUTH MISSOURI AVENUE  
CLEARWATER 34616**

10. Name and Address of New Registered Agent

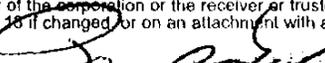
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>P (Change of address)</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOKEY, PAUL B.</b>	1.2 NAME	<b>Lokey, Paul B.</b>
STREET ADDRESS	<b>831 BAY ESPLANADE</b>	1.3 STREET ADDRESS	<b>2339 Gulf-to-Bay Blvd.</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	1.4 CITY-ST-ZIP	<b>Clearwater, FL 33765</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>700002600637</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLAWS, JR., MAGNUS</b>	2.2 NAME	<b>-07/28/98--01073--006</b>
STREET ADDRESS	<b>SUITE 2550 BARNET SESAME</b>	2.3 STREET ADDRESS	<b>***1100.00 ***550.00</b>
CITY-ST-ZIP	<b>TAMPA FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>700002600637</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MC FARLAND, DONALD</b>	3.2 NAME	<b>-07/28/98--01073--007</b>
STREET ADDRESS	<b>322 SOUTH MISSOURI AVE.</b>	3.3 STREET ADDRESS	<b>*****26.25 *****8.75</b>
CITY-ST-ZIP	<b>CLEARWATER FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 checked="" 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE  **PAUL B. LOKEY** 7/24/98 727-799-2151

CR2E034 (5/98)