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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 748908 (1)

FLORIDA AUTOMOBILE DEALERS ASSOCIATION



Principal Place of Business: 505 NORTH MILLS AVENUE, P.O. BOX 531124, ORLANDO FL 32853

2. Principal Place of Business: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 Country

Mailing Address: 25a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 Country; 30

3. Date Incorporated or Qualified: 09/13/1979; 3a. Date of Last Report: 03/05/1996; 4. FEI Number: 59-0245515; 5. Certificate of Status Desired: \$8.75 Additional Fee Required; 6. Election Campaign Financing: \$5.00 May Be Added to Fees; 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: JEFFRIES, DAVID D., 505 NORTH MILLS AVENUE, P.O. BOX 6124-C, ORLANDO FL 32853; 10. Name and Address of New Registered Agent: 81 Name; 82 Street Address; 83; 84 City; 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: _____ (NOTE: Registered Agent's signature required when re-appointing) DATE: _____

12. OFFICERS AND DIRECTORS: 1.1 TITLE: PD; 1.2 NAME: BLAKE, C L; 1.3 STREET ADDRESS: 30401 SOUTH FEDERAL HWY; 1.4 CITY-ST-ZIP: HOMESTEAD FL; 2.1 TITLE: PED; 2.2 NAME: RAY, WILLIAM D; 2.3 STREET ADDRESS: 2724 NORTH HWY 17-92; 2.4 CITY-ST-ZIP: LONGWOOD FL; 3.1 TITLE: V; 3.2 NAME: JEFFRIES, DAVID D.; 3.3 STREET ADDRESS: 505 N. MILLS AVE.; 3.4 CITY-ST-ZIP: ORLANDO FL; 4.1 TITLE: STD; 4.2 NAME: KOPP, ERNEST A JR; 4.3 STREET ADDRESS: 701 FISK STREET, SUITE 200; 4.4 CITY-ST-ZIP: JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12: 1.1 TITLE: PD; 1.2 NAME: Ray, William D; 1.3 STREET ADDRESS: 2724 North Hwy 17-92; 1.4 CITY-ST-ZIP: Longwood FL; 2.1 TITLE: PED; 2.2 NAME: Kopp, Ernest A Jr; 2.3 STREET ADDRESS: 701 Fisk Street, Suite 310; 2.4 CITY-ST-ZIP: Jacksonville FL; 4.1 TITLE: STD; 4.2 NAME: Mueller, Ronald J; 4.3 STREET ADDRESS: 13525 U.S. Highway 19 North; 4.4 CITY-ST-ZIP: Clearwater FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information included 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, unchanged, or on an attachment with an address.

SIGNATURE: David D. Jeffries 3/10/97 407-896-7371

CR2E037 (9/96)