

FILE NOW: FILING FEE IS \$61.25

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**Feb 26 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 748908 (1)

1. Corporation Name
FLORIDA AUTOMOBILE DEALERS ASSOCIATION



Principal Place of Business 505 NORTH MILLS AVENUE P.O. BOX 531124 ORLANDO FL 32853	Mailing Address 505 NORTH MILLS AVENUE P.O. BOX 531124 ORLANDO FL 32853
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3. Date Incorporated or Qualified 09/13/1979		
4. FEI Number 59-0245515	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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		

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**JEFFRIES, DAVID D.
505 NORTH MILLS AVENUE, P.O. BOX 6124-C
P.O. BOX 531124
ORLANDO FL 32853**

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	FL

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RAY, WILLIAM D	
STREET ADDRESS	2724 NORTH HWY 17-92	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	PED	<input type="checkbox"/> DELETE
NAME	KOPP, ERNEST A JR	
STREET ADDRESS	701 FISK STREET, SUITE 310	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JEFFRIES, DAVID D.	
STREET ADDRESS	505 N. MILLS AVE.	
CITY-ST-ZIP	ORLANDO FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	MUELLER, RONALD J	
STREET ADDRESS	13525 US HIGHWAY 19 NORTH	
CITY-ST-ZIP	CLEARWATER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kopp, Ernest A JR	
1.3 STREET ADDRESS	701 Fisk Street, Suite 310	
1.4 CITY-ST-ZIP	Jacksonville FL 32204	
2.1 TITLE	PED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Mueller, Ronald J	
2.3 STREET ADDRESS	13525 U S Highway 19 North	
2.4 CITY-ST-ZIP	Clearwater FL 34624	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Thomas, Bruce H	
4.3 STREET ADDRESS	Highway 90 East	
4.4 CITY-ST-ZIP	Quincy FL 32351	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, upon an attachment with an address.

SIGNATURE: *David D. Jeffries* DATE: *02/19/98* 407-896-7371

CR2E037 (10/97)