

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90138 023 ****61.25

0018506

NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 748908

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/13/1979	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0245515	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JEFFRIES, DAVID D. 505 NORTH MILLS AVENUE, P.O. BOX 6124-C P.O. BOX 531124 ORLANDO FL 32853				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				505 North Mills Avenue (Delete P.O. Box 6124C)			
				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	PD	1.1 TITLE	PD
NAME	KOPP, ERNEST A JR	1.2 NAME	Mueller, Ronald J
STREET ADDRESS	701 FISK ST, STE 310	1.3 STREET ADDRESS	13525 US Hwy 19 North
CITY-ST-ZIP	JACKSONVILLE FL 32204	1.4 CITY-ST-ZIP	Clearwater FL 34624
TITLE	PED	2.1 TITLE	PED
NAME	MUELLER, RONALD J	2.2 NAME	Thomas, Bruce H
STREET ADDRESS	13525 US HWY 19 NORTH	2.3 STREET ADDRESS	Hwy 90 East
CITY-ST-ZIP	CLEARWATER FL 34624	2.4 CITY-ST-ZIP	Quincy FL 32351
TITLE	V	3.1 TITLE	
NAME	JEFFRIES, DAVID D.	3.2 NAME	
STREET ADDRESS	505 N. MILLS AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	STD
NAME	THOMAS, BRUCE H	4.2 NAME	Brown, William D.
STREET ADDRESS	HWY 90 EAST	4.3 STREET ADDRESS	6239 South Orange Blossom Trail
CITY-ST-ZIP	QUINCY FL 32351	4.4 CITY-ST-ZIP	Orlando FL 32809
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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]* SIGNATURE REQUIRED 2/19/99 407-896-7371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/1998)