

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Feb 02 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K98894 (4)
 1. Corporation Name
AUTO DEALER/ASSOCIATION CONSULTANTS, INC.



Principal Place of Business 1519 NW 113 WAY PEMBROKE PINES FL 33026	Mailing Address 1519 NW 113 WAY PEMBROKE PINES FL 33026
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/29/1989	
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.	4. FEI Number 65-0129723		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**LEHTONEN, LARRY A.
1519 N.W. 113 WAY
PEMBROKE PINES FL 33026**

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

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: _____
(Signature typed or printed name of registered agent and title if applicable) (If (11) Registered Agent signature required when resigning) (11A)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ALLARD, MARY J 11945 S.W. 54 STREET COOPER CITY FL	<input type="checkbox"/> DELETE	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD LEHTONEN, MARGARET L 1519 N.W. 113TH WAY PEMBROKE PINES FL	<input type="checkbox"/> DELETE	12 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VD LEHTONEN, LARRY A 1519 NW 113TH WAY PEMBROKE PINES FL	<input type="checkbox"/> DELETE	13 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP			14 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			22 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			23 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP			24 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			32 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			33 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP			34 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			43 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP			44 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			53 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP			54 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> DELETE	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			63 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP			64 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), 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: Mary J. Allard Mary J. Allard 1/23/98 432-5968

CR2E034 (10/97)