FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

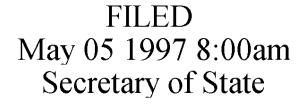
Sandra B. Mortham

Secretary of \$tate
DIVISION OF CORPORATIONS

DOCUMENT # N22917

(1)

NATIONAL MOBILITY EQUIPMENT DEALERS ASSOCIATION, INC.





						#81 B(B) B B(B(B) B(B) B B) B B(B B) 15 B	
Principal Place of Business Mailing Address							
909 E. SKAGWAY AVENUE 909 E. SKAGWAY AVENUE TAMPA FL 33604 TAMPA FL 33604-1747							
					3. Date Incorporated or Qualified 10/09/1987	3a. Date of Last Report 03/26/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2930516	Applied For		
21 Suite Act # etc		26		39-29303 10	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred		
City & State		City & State		& Floation Commains Figure			
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country	Zip	Coun	try	This corporation has liability for		
24	25	29	30			Yes No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Re	gistered Agent	
				1 Name			
PLANK, REBECCA			á	Street A	Address (P.O. Box Number is Not Acceptate	via)	
909 E. S	KAGWAY AVE.			0110017	Addition (1.0. Box Multiper is Not Acceptate	ole)	
tampa f	FL 33604		8:				
			6	4 City		B5 Zip Code	
				1			
office or range	to the provisions of Sections 617,0502 egistered agent, or both, in the State manifestation with, and accept the obliga	2 and 617.1508, Florida Statut of Florida. Such change was a tions of/)Section 6/7.0503, Flo	es, the abo authorized orida Statut	ove-named by the corp les.	corporation submits this statement for the poration's board of directors. I hereby accep	ourpose of changing its registered of the appointment as registered	
SIGNATURE	Signalure, typed or printed name of registered ager	Klauk	(EXC	Cuth		4-23-97	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTORS IN 12	
TITLE	DP	DELETE	1,1 1(1)		DP	Change Addition	
NAME	SACKS, GREG		12 NAM	£	POTTER, DAVID		
STREET ADDRESS	EL ODICO LUETA LO		1.3 STRE	ET ADDRESS	255 E. GERMAN SCHOOL		
CITY-ST-ZIP	FLORISSANT MO			- ST- ZIP	RICHMOND, VA 23224		
TITLE	DV	DELETE	2.1 TITLE			☐ Change ☐ Addition	
NAME	SMITH, MARTIN		2,2 NAM				
STREET ADDRESS	8666 HUEBNER ROAD #104			ET ADDRESS			
CITY-ST-ZIP	SAN ANTONIO TX	DOLLETE		-ST-ZIP			
TITLE NAME	DS Dresdner, Michael	☐ DELETE	3.1 TITLE	i		☐ Change ☐ Addition	
STREET ADDRESS	1349 OLD 41 HWY #160		3.2 NAM				
CITY-ST-ZIP	MARIETTA GA			ET ADDRESS			
TITLE	DT OA	X DELETE	3.4. CITY 4.1 TITLE	'- \$1 - ZIP	DT	Change Addition	
NAME	CONSTANTIN, BRUCE	A	4.2 NAM		FITZPATRICK, LISA	CT comings CT Virginia	
STREET ADDRESS	2001 WOODDALE BLVD				6353 SALTZGABER RD.		
CITY-ST-ZIP	BATON ROUGE LA		4.4 CITY	F.	GROVEPORT, OH 4312		
TITLE	DM	DELETE	5.1 TITLE		GROVEFORI, UH 4312	Change Addition	
NAME	PLANK, REBECCA		5.2 NAM				
STREET ADDRESS	909 E. SKAGWAY AVE			ET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33604		5.4 CITY				
TITLE		DELETE	6.4 TITLE			Change Addition	
NAME			6.P NAM	_E			
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			6.4 CITY				
	ov certify that the information supplied	with this filing does not qualif			ated in Section 119 07/3(ii) Florida Statutes	s. I further certify that the	

4. I do nereby certify that the information supplied with this filing does not quality 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 in changed, or on an extrachment with an address.

March Michiel