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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # N22917 (1)

1. Corporation Name

NATIONAL MOBILITY EQUIPMENT DEALERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
909 E. SKAGWAY AVENUE TAMPA FL 33604	909 E. SKAGWAY AVENUE TAMPA FL 33604

3. Date Incorporated or Qualified: 10/09/1987

4. FEI Number: 59-2930516 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)

City & State (23) / City & State (28)

Zip (24) / Country (25) / Zip (29) / Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PLANK, REBECCA
909 E. SKAGWAY AVE.
TAMPA FL 33604

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP POTTER, DAVID 255 E GERMAN SCHOOL RD RICHMOND VA	☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV SMITH, MARTIN 8666 HUEBNER ROAD #104 SAN ANTONIO TX	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	DP SMITH, MARTIN 8666 HUEBNER ROAD #104 SAN ANTONIO, TX	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS DRESDNER, MICHAEL 1349 OLD 41 HWY #160 MARIETTA GA	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	DV DRESDNER, MICHAEL 1349 OLD HWY 41, #160 MARIETTA, GA	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT FITZPATRICK, LISA 6353 SALTZGABER RD GROVEPORT OH	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DM PLANK,REBECCA 909 E. SKAGWAY AVE TAMPA FL 33604	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	SAME	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	DS JOHN QUANDT 15F INTERNATIONAL DR. EAST GRANBY, CT	☐ Change ☒ Addition

CR2E037 (10/97)

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.

SIGNATURE: Rebecca D. Plank Rebecca D. Plank Executive Director 4-13-98 813-932-8566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #