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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N22917

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

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

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

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

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

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

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 617.1508, 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	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, MARTIN		1.2 NAME		
STREET ADDRESS	8666 HUEBNER ROAD #104		1.3 STREET ADDRESS		
CITY-ST-ZIP	SAN ANTONIO TX		1.4 CITY-ST-ZIP		
TITLE	DV	☒ DELETE	2.1 TITLE		☐ Change ☒ Addition
NAME	DRESDNER, MICHAEL		2.2 NAME	SAM CRAWFORD	
STREET ADDRESS	1349 OLD 41 HWY. #160		2.3 STREET ADDRESS	940 CLEVELAND AVE SW	
CITY-ST-ZIP	MARIETTA GA		2.4 CITY-ST-ZIP	CANTON, OHIO 44707	
TITLE	DT	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FITZPATRICK, LISA		3.2 NAME		
STREET ADDRESS	6353 SALTZGABER RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	GROVEPORT OH		3.4 CITY-ST-ZIP		
TITLE	DM	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PLANK,REBECCA		4.2 NAME		
STREET ADDRESS	909 E. SKAGWAY AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33604		4.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	QUANDT, JOHN		5.2 NAME		
STREET ADDRESS	15F INTERNATIONAL DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	EAST GRANBY CT		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Rebecca D. Plank 3-16-99 813-932-8566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #