

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

**FILED**  
**May 07 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P96000103486 (2)**

1. Corporation Name  
**DEALER AUTO PROGRAM, INC.**



Principal Place of Business  
**2246 SW 24TH TER MIAMI FL 33145-3628**

Mailing Address  
**2246 SW 24TH TER MIAMI FL 33145-3628**

3. Date Incorporated or Qualified **12/20/1996**      3a. Date of Last Report **N/A**

4. FET Number **APPLIED FOR**      Applied For  Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business      2a. Mailing Address

21. Suite, Apt. #, etc.      26. Suite, Apt. #, etc.

22. City & State      27. City & State

23. Zip      28. Country

24.      25.      29.      30.

9. Name and Address of Current Registered Agent  
**PARKER, JOANNA  
 2246 SW 24TH TER  
 MIAMI FL 33145-3628**

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 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reappointing)

12. OFFICERS AND DIRECTORS

|                 |                            |                                 |
|-----------------|----------------------------|---------------------------------|
| TITLE           | <b>D/P</b>                 | <input type="checkbox"/> DELETE |
| NAME            | <b>ANDICH, ERNEST W</b>    |                                 |
| STREET ADDRESS  | <b>2246 SW 24TH TER</b>    |                                 |
| CITY - ST - ZIP | <b>MIAMI FL 33145-3628</b> |                                 |
| TITLE           | <b>D/S/r</b>               | <input type="checkbox"/> DELETE |
| NAME            | <b>PARKER, JOANNA</b>      |                                 |
| STREET ADDRESS  | <b>2246 SW 24TH TER</b>    |                                 |
| CITY - ST - ZIP | <b>MIAMI FL 33145-3628</b> |                                 |
| TITLE           |                            | <input type="checkbox"/> DELETE |
| NAME            |                            |                                 |
| STREET ADDRESS  |                            |                                 |
| CITY - ST - ZIP |                            |                                 |
| TITLE           |                            | <input type="checkbox"/> DELETE |
| NAME            |                            |                                 |
| STREET ADDRESS  |                            |                                 |
| CITY - ST - ZIP |                            |                                 |
| TITLE           |                            | <input type="checkbox"/> DELETE |
| NAME            |                            |                                 |
| STREET ADDRESS  |                            |                                 |
| CITY - ST - ZIP |                            |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |   |
|---------------------|---|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |   |
| 6.3 STREET ADDRESS  |   |
| 6.4 CITY - ST - ZIP |   |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Joanna Parker*      **JOANNA PARKER**  
CEO SUPERMAN      **3/28/07 (305)854-4842**

CR2E034 (9/96)