

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Feb 15 1996 8:00 am
Secretary of State

DOCUMENT # 702498 (7)
1. Corporation Name
SOUTH FLORIDA AUTO-TRUCK DEALERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
% RICHARD A. BAKER
10185 N.W. 7TH AVE.
MIAMI FL 33150

3. Date Incorporated or Qualified 05/29/1961
3a. Date of Last Report 05/16/1995
4. FEI Number 59-1094645
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 Zip
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAKER, RICHARD A.
10185 NW. 7TH AVE.
MIAMI FL 33150

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	11 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, JIM	12 NAME	
STREET ADDRESS	3101 NORTH STATE ROAD 7	13 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL	14 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	21 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORSE, TED	22 NAME	
STREET ADDRESS	6363 N W 6TH WAY	23 STREET ADDRESS	
CITY - ST - ZIP	FT LAUDERDALE FL	24 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, RICHARD	32 NAME	
STREET ADDRESS	10185 NW 7 AVE.	33 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	34 CITY - ST - ZIP	
TITLE	PP <input checked="" type="checkbox"/> DELETE	41 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAROONE, MICHAEL	42 NAME	Ken Page
STREET ADDRESS	8600 PINES BLVD	43 STREET ADDRESS	9330 W Atlantic Blvd.
CITY - ST - ZIP	PEMBROKE PINES FL	44 CITY - ST - ZIP	Coral Gables, FL 33071
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, STEVE	52 NAME	
STREET ADDRESS	5757 LAKE WORTH ROAD	53 STREET ADDRESS	
CITY - ST - ZIP	GREENACRES CITY FL	54 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AHMED, FAISAL	62 NAME	
STREET ADDRESS	21151 N W 2ND AVE	63 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 recorder 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date and Phone #

CR2E037 (12/95)