04081999-90009-020-$61.25-$61.25

FILED
Apr 08, 1999 8:00 am
Secretary of State
04-08-1999 90009 020 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

372819 - 90043 - 44

DOCUMENT # 702498

1. Corporation Name

SOUTH FLORIDA AUTO-TRUCK DEALERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1380 N.E. MIAMI GARDENS DRIVE SUITE 125 NORTH MIAMI BEACH FL 33179	1380 N.E. MIAMI GARDENS DRIVE SUITE 125 NORTH MIAMI BEACH FL 33179

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/29/1961
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1094645 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BAKER, RICHARD A.
1380 NE MIAMI GARDENS DR
STE 125
NORTH MIAMI BEACH FL 33179

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	P	☐ DELETE	1.1 TITLE	PP	☒ Change ☐ Addition
NAME	PLANAS, CARLOS		1.2 NAME	CARLOS PLANAS	
STREET ADDRESS	8250 SW 8TH STREET		1.3 STREET ADDRESS	8250 SW 8TH STREET	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI FL 33144	
TITLE	PP	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	MORSE, TED		2.2 NAME	JIM CARROLL	
STREET ADDRESS	6363 N W 6TH WAY		2.3 STREET ADDRESS	3101 N STATE ROAD 7	
CITY-ST-ZIP	FT LAUDERDALE FL		2.4 CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BAKER, RICHARD		3.2 NAME		
STREET ADDRESS	10185 NW 7 AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE	PRESIDENT ELECT	☒ Change ☐ Addition
NAME	PAGE, KEN		4.2 NAME		
STREET ADDRESS	9330 W ATLANTIC BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	MOORE, STEVE		5.2 NAME	LOREN SHEFFER	
STREET ADDRESS	5757 LAKE WORTH ROAD		5.3 STREET ADDRESS	2201 N FEDERAL HWY	
CITY-ST-ZIP	GREENACRES CITY FL		5.4 CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	ACCARDI, EDDIE		6.2 NAME	MICHAEL HOOLEY	
STREET ADDRESS	909 S FEDERAL HWY		6.3 STREET ADDRESS	707 N STATE ROAD 7	
CITY-ST-ZIP	POMPANO BEACH FL		6.4 CITY-ST-ZIP	PLANTATION FL 33317	

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: SIGNATURE REQUIRED — 4-19-98 — (305) 949-1733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Richard A Baker