### FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # 726040 1. Corporation Name

Suite, Apt. #, etc.\_

City & State

SIGNATURE:

### SOUTH FLORIDA DODGE ADVERTISING ASSOCIATION, INC.

Principal Place of Business	Mailing Addr
C/O KEVIN AICHER 5455 S. UNIVERSITY DRIVE DAVIE FL 33328 US	C/O KEVIN A 5455 S. UNIV DAVIE FL 333 US
2. Principal Place of Business	2a. Mailing A

ess MCHER ERSITY DRIVE

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

28

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90032 017 \*\*\*\*61.25

Applied For

\$8.75 Additional

Fee Required

Not:Applicable

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

04/07/1973

58-1186882

4. FEI Number

9. Name and Address of Current Registered Agent  AICHER, KEVIN  5455 S. UNIVERSITY DRIVE  DAVIE FL 33328  52 Street Address (P.O. Box Number is Not Acceptable)  53 Street Address (P.O. Box Number is Not Acceptable)  545 S. UNIVERSITY DRIVE  DAVIE FL 33328  55 ADDITIONS of Sections 617,0502 and 617,1508, Florida Statutes, the abovenamed corporation submits this statement for the purpose of changing its register 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, and another with, and accept the obligations of, Section 617,0503, Florida Statutes, the abovenamed corporation submits this statement for the purpose of changing its register 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, and another with, and accept the obligations of, Section 617,0503, Florida Statutes, the abovenamed corporation submits this statement for the purpose of changing its register 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, and another accepts another accepts another accepts and accepts another accepts and accepts another accepts another accepts and accepts another		ı	Country	<u> </u>	(	_	Jountry		'	<ol><li>Election Campaign Final</li></ol>	ncing		\$5.00	May Be
AICHER, KEVIN  5455 S. UNIVERSITY DRIVE DAVIE FL 33328  82   Street Address (P.O. Box Number is Not Acceptable)  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 register 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, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing is registered office of 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, and accept the appointment as registered agent, or both, in the State of Florida. Statutes, and the statement of the purpose of changing is registered agent, or both, in the State of Florida Statutes, and the statement of the purpose of changing is registered.  12.	4			29		30								to Fees
AICHER, KEVIN \$455 S. UNIVERSITY DRIVE DAVIE FL 33328    B4		9. Name	and Address of Curre	nt Registered Ag	ent				1	<ol><li>Name and Address of</li></ol>	New R	egistered	Agent	
S45S S. UNIVERSITY DRIVE DAVIE FL 33328    B4   City							81	Name						
545S S. UNIVERSITY DRIVE DAVIE FL 33328    84	AICHER, KEVIN					82	82 Street Address (D.O. Boy Number in Not Acceptable)							
B4   City   FL   SSZ20						[]	011001710		(1 10: DOX 110:1100) 13 1401 A	ocepia	DIG)			
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 oppointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature, Typed or prived name of impatered agent and title if applicable.   (NOTE: Registered Agent alguerus required when reinstating)   DATE	DAVIE FL	33328					83			8				
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 agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the oppointment as registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the oppointment as registered agent, and many and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Description   Descr							104	· · · · · · · · · · · · · · · · · ·					, ,	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its register agent. I am familiar with, and accept the obligations of, Section 617.0503. Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  TITLE  PD AICHER, KEVIN  12.NAWE  STREET ADDRESS  STREET ADDRESS  TITLE  VD ANAME  RITTER, WALTER  32.NAWE  AUDERDALE LAKES FL  UAUDERDALE LAKES FL  AUDERDALE FL  AUDERDALE LAKES FL  AUDERDALE FL  AUDERDA							84	City				FI	85 Zip	Code
SIGNATURE Signature printed varies of included such compositions o	11. Pursuant	to the provisi	ons of Sections 617.05	02 and 617.1508,	Florida Statute	s, the	e above	-named co	porati	on submits this statement for	or the	DUIDOGO O	f changing its	registered
Signature   Sign	Office Of 1	iegisteret agt	ant, or both, in the State	e or Fiorida. Such d	cnance was at	Itnoriz	zed by i	he corpora	tion's l	board of directors. I hereby	accep	t the appo	intment as re	gistered
Signature, typed or printed name of ingulatered agent and title if applicables.   (NOTE: Replatered Agent algrenture required when ministating)   DATE		,	in, and accept the oblig	ations of, Section	017.0303, FIOI	iua Şi	tatutes.							
12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 ITILE PD   DELETE   11 TITLE     Change   Ad AICHER, KEVIN   13 STREETADORESS   13 STREETADORESS   14 CITY-ST-ZIP   ITILE   TD   DELETE   21 TITLE     Change   Ad STREET ADORESS   22 CITY-ST-ZIP   ITILE   VD   DELETE   31 TITLE     Change   Ad STREET ADORESS   22 CITY-ST-ZIP   ITILE   VD   DELETE   31 TITLE     Change   Ad STREET ADORESS   33 STREET ADORESS   ITITLE, WALLER   32 NAME   33 STREET ADORESS   ITITLE   DELETE   41 TITLE   Change   Ad STREET ADORESS   41 STREET ADORESS   ITITLE   DELETE   51 STREET ADORES	SIGNATURE	Signature, typed	or printed name of registered ag	ent and title if applicable	(NOTE:	Registe	ned Agent	vianeture recui	nort when	reinstating)		DATE		
DELETE	12.				(10.6.			aignessia iequa	100 WHO		O OFF		ND DIRECTO	RS IN 12
NAME AICHER, KEVIN STREET ADDRESS STREET ADDRESS DAVIE FL  TID  DELETE  TO  DELETE  13 STREET ADDRESS 13 STREET ADDRESS 14 CITY-ST-ZIP  TITLE  NAME  HODOS, MARK 22 NAME 22 NAME 23 STREET ADDRESS CITY-ST-ZIP  TITLE  VD  DELETE  31 TITLE  VD  DELETE  31 TITLE  VD  DELETE  31 TITLE  32 NAME 33 STREET ADDRESS 1350 W 49TH ST  CITY-ST-ZIP  TITLE  MALEAH FL  DELETE  41 TITLE  42 NAME 43 STREET ADDRESS CITY-ST-ZIP  TITLE  MALEAH FL  DELETE  41 TITLE  42 NAME 43 STREET ADDRESS CITY-ST-ZIP  TITLE  MALEAH FL  DELETE  53 STREET ADDRESS CITY-ST-ZIP  TITLE  ALCHY-ST-ZIP  ALCHY-ST-ZIP  TITLE  ALCHY-ST-ZIP  ALCHY-ST-ZIP  ALCHY-ST-ZIP  TITLE  ALCHY-ST-ZIP  ALCHY	TITLE	PD	77 TAUL		DELETE	11	TITLE	- T						☐ Additi
STREET ADDRESS CITY-ST-ZIP DAVIE FL TITLE TD	NAME	, · •	EVIN										L. J Ollango	
DAVIE FL	STREET ADDRESS							ADDDCCC						
TTD		!	TITELOTT DIT.											
NAME HODOS, MARK STREET ADDRESS  CITY-ST-ZIP  LAUDERDALE LAKES FL  24 CITY-ST-ZIP  LAUDERDALE LAKES FL  24 CITY-ST-ZIP  TITLE  VD RITTER, WALTER 32 NAME RITTER, WALTER 33 STREET ADDRESS 1350 W 49TH ST HALEAH FL  134 CITY-ST-ZIP  TITLE  WAME STREET ADDRESS 177-ST-ZIP  TITLE  WAME STREET ADDRESS 178-ST-ZIP  TITLE  WAME STREET ADDR		t		1	DELETE	_		ZIP						
23 STREET ADDRESS   2000 NORTH - SR .7			MDV	,	DELETE								☐ Change	I Addition
AUDERDALE LAKES FL  2.4 CITY-ST-ZIP  WAME RITTER, WALTER 3.1 TITLE  WAME STREET ADDRESS STY-ST-ZIP  HIALEAH FL  DELETE 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP  HIALEAH FL  DELETE 4.1 TITLE 4.2 NAME 4.2 NAME 4.3 STREET ADDRESS CITY-ST-ZIP  TITLE AME 5.1 TITLE 5.1 TITLE 5.1 TITLE AME 5.3 STREET ADDRESS CITY-ST-ZIP  TITLE AME 5.3 STREET ADDRESS CITY-ST-ZIP  TITLE AME 5.4 CITY-ST-ZIP  TITLE AME 5.5 NAME 5.6 TITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS CITY-ST-ZIP  TITLE AME 5.3 STREET ADDRESS CITY-ST-ZIP  TITLE AME 5.3 STREET ADDRESS CITY-ST-ZIP  TITLE AME 6.3 STREET ADDRESS CITY-ST-ZIP  TITLE AME 6.3 STREET ADDRESS CITY-ST-ZIP CHange AME TREET ADDRESS CITY-ST-ZIP CHANGE 6.3 STREET ADDRESS CITY-ST-ZIP CHANGE CHANG	<del>-</del>													
TITLE						2.3	STREET	ADDRESS						
RITTER, WALTER  1350 W 49TH ST  1350 W 49TH ST  HIALEAH FL  DELETE  134. CITY-ST-ZIP  TITLE  LAME  STREET ADDRESS  TREET ADDRESS			ALE LAKES FL		¬	_		ZIP						<del></del>
3.3 STREET ADDRESS   3.4 CITY-ST-ZIP		· -		L	_] DELETE	3.1	TITLE						☐ Change	Addition
STREET ADDRESS   STRE						3.2	NAME					•		
DELETE	STREET ADDRESS	-				3.3	STREET	ADDRESS				. ;	*	
AME		HIALEAH F	<u>L</u>			3.4	. CITY-ST	ZIP				•		
### ### ##############################				L	DELETE	4.1	TITLE						Change	☐ Additio
Add   City-St-Zip	IAME					4. 2	NAME							
DELETE	STREET ADDRESS					4.3	STREET	DORESS						
STREET ADDRESS	CITY-ST-ZIP					4.4	CITY-ST-	ZIP						
53 STREET ADDRESS	ITLE				DELETE	5.1	TITLE						Change	Additio
5.4 CITY-ST-ZIP	AME					5.2	NAME							
DELETE	TREET ADDRESS				•	5.3	STREET A	DORESS		•			•	
6.2 NAME 6.2 NAME 6.3 STREET ADDRESS 6.3 STREET ADDRESS	CITY-ST-ZIP					5.4	CITY-ST-	ZIP					•	•
AME  6.2 NAME  6.3 STREET ADDRESS  6.3 STREET ADDRESS	ITLE			Ī	DELETE	6.1	πлε						☐ Change	- Additio
	AME					6.2	NAME						_ ,	_
	TREET ADDRESS					6.3	STREET A	DDRESS						
	1													
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 office or disaster of the exemption of the exemp	4. I hereby co	ertify that the	information supplied wi	th this filing does r	not qualify for t	he ex	emotio	a stated in 1	Section	n 110 07/3\/i) Elasida Ct-t-	toc 14	further	diff. that the !:	