

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 26 PM 3:22

DOCUMENT # **K98894** (4)  
1. Corporation Name  
**AUTO DEALER/ASSOCIATION CONSULTANTS, INC.**

Principal Place of Business Mailing Address  
**1519 NW 113 WAY** **1519 NW 113 WAY**  
**PEMBROKE PINES FL 33026** **PEMBROKE PINES FL 33026**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>06/29/1989</b>	3a. Date of Last Report <b>03/04/1994</b>
4. FEI Number <b>65-0129723</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Country	28. Zip Country
24. Zip Country	29. Zip Country

9. Name and Address of Current Registered Agent

**LEHTONEN, LARRY A.**  
**1519 N.W. 113 WAY**  
**PEMBROKE PINES FL 33026**

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 signature required when installing

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ALLARD, MARY J
STREET ADDRESS	11945 S.W. 54 STREET
CITY-ST-ZIP	COOPER CITY FL
TITLE	SD
NAME	LEHTONEN, MARGARET L
STREET ADDRESS	1519 N.W. 113TH WAY
CITY-ST-ZIP	PEMBROKE PINES FL
TITLE	<del>VPD</del>
NAME	<del>KROONENBERG, ROBERTA</del>
STREET ADDRESS	<del>13000 SW 113th Way</del>
CITY-ST-ZIP	<del>PEMBROKE PINES FL 33026</del>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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 checked="" type="checkbox"/> Addition
3.2 NAME	VPD LEHTONEN, LARRY A
3.3 STREET ADDRESS	1519 N.W. 113th WAY
3.4 CITY-ST-ZIP	PEMBROKE PINES FL
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 form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE: Mary J. Allard Mary J. ALLARD 1/12/95 (306) 432-5968  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR (Include Title)