

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

**FILED**

**Feb 02 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K98894 (4)**  
 1. Corporation Name  
**AUTO DEALER/ASSOCIATION CONSULTANTS, INC.**



Principal Place of Business <b>1519 NW 113 WAY PEMBROKE PINES FL 33026</b>	Mailing Address <b>1519 NW 113 WAY PEMBROKE PINES FL 33026</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/29/1989</b>
21 Suite, Apt. #, etc.	22 City & State	25 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>65-0129723</b>
23 Zip	24 Country	28 Zip	29 Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent <b>LEHTONEN, LARRY A. 1519 N.W. 113 WAY PEMBROKE PINES FL 33026</b>				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May be Added to Fees</b>
10. Name and Address of New Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

81 Name		82 Street Address (P.O. Box Number is Not Acceptable)		83	
84 City		85 Zip Code		FL	

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: \_\_\_\_\_ (Signature typed or printed name of registered agent and title if applicable) \_\_\_\_\_ (Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ALLARD, MARY J 11945 S.W. 54 STREET COOPER CITY FL	<input type="checkbox"/> DELETE	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD LEHTONEN, MARGARET L 1519 N.W. 113TH WAY PEMBROKE PINES FL	<input type="checkbox"/> DELETE	12 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	VD LEHTONEN, LARRY A 1519 NW 113TH WAY PEMBROKE PINES FL	<input type="checkbox"/> DELETE	13 STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP			14 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP			15 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP			16 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP			17 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP			18 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP			19 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY- ST- ZIP			20 CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing 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 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: Mary J. Allard Mary J. Allard 1/23/98 432-5968

CR2E034 (10/97)