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NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT #

N04317

(6)

SOUTH RREWARD AUTOMORIJE DEALERS ASSOCIATION, IN

FILED

Apr 15 1997 8:00am

Secretary of State

C.											
Principal Place of Business		Mailing Address				-{					
174 E HIBISCUS BLVD. MELBOURNE FL 32901 US		174 E HIBISCUS BLVD MELBOURNE FL 32901-3103 US				Date Incorporate	ed or Qualified	3a. Date of t	Last Re	eport	
l					- {	07/23/198	34		1/199		
	lace of Business	2a. Mailing Address				4. FEI Number Applied Fo			plied For		
21		26				·			1 Applicable		
Suite, Apt.	#, G IC.	Suite, Apt. #, etc.			ļ	5. Certificate of Sta	tus Desired	1 1 ' '	. 75 A ee Re	Additional	
City & State	e e	City & State			-+	E Licetion Comme	an Europoine				
23	•	28				Election Campaig Trust Fund Contr				May Be o Fees	
Zip Country		Zip Country				8. This corporation					
24 25		29 30				Florida Statutes Yes No					
	9. Name and Address of Curre	nt Registered Agent				0. Name and Addr	ess of New Re	gistered Agent			
ŀ			8	1 Name							
MURPHY, EUGENE T					Address	(P.O. Box Number i	s Not Acceptab	ole)			
174 E HIBISCUS BLVD.				<u> </u>							
MELBOU	JRNE FL 32901		8	3							
]			8	4 City				FL 85	Zip C	Code	
11 Pursuant	to the provisions of Sections 617.050	32 and 617 1508 Florida Statutes	the abo	ve-named	1 corpora	tion submits this sta	tement for the n		aino its	registered	
office or r	egistered agent, or both, in the State	e of Florida. Such change was au	lhorized i	by the corr	poration's	s board of directors.	Thereby accer	ot the appointme	ont as i	registered	
1	m familiar with, and accept the oblig	ations of, Section 617.0503, Flori	oa Statut	es.							
SIGNATURE .	Signature, typeger printed name of registered ag	ont and title if applicable (NOTE: I	Hog stered A	gent signature	c required w	hen re-histating)	,	DATE			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHAN	IGES TO OFFIC	ERS AND DIRE	CTOR	S IN 12	
TITLE	PD	™ DELETE	111111		PD			Ch	ange	☐ Addition	
NAME	NELSON, BRUCE		1.2 NAM	=	PER	ry osnan E.NASA B	.)				
STREET ADDRESS	915 W. NEWHAVEN AVE.		1.3 STRE	ET ADDRESS	625	E NASA B				ŀ	
CITY-ST-ZIP	MELBOURNE FL 32901	T DELL'AG	1.4 CITY		MEL	Boylve, FL	32901			<u> </u>	
TITLE	STD	☐ DELETE	2.1 TITLE					L Ch	ange	Addition	
NAME	MURPHY, EUGENE T.		2.2 NAMI								
STREET ADDRESS	174 E. HIBISCUS BLVD. MELBOURNE FL			E1 ADDRESS							
CITY-ST-ZIP TITLE	VD	DELETE	2. 4 CITY 3.1 TITLE		 			— □ Cn	nange	Addition	
NAME	OSMAND, PAUL		3.2 NAMI						.0"		
STREET ADDRESS	625 E. NASA BLVD.			- Et address							
CITY-ST-ZIP	MELBOURNE FL		3.4. CITY	-ST-7IP							
TITLE		DELETE	4.1 TITLE					☐ Ch	ange	Addition	
NAME			4 2 NAM	Ę.							
STREET ADDRESS			4.3 STRE	ET ADDRESS						!	
CITY-ST-ZIP		——————————————————————————————————————	4.4 CITY-		 						
TITLE		DELETE	5.1 THTLE					Ch	ange	☐ Addition	
NAME			5.2 NAME								
STREET ADDRESS				ET AUDRESS							
CITY-ST-ZIP		☐ DELETE	5.4 City		 		·	☐ Ch	anne	Addition	
TITLE NAME			6.2 NAME						ango	AQUILIDIT	
STREET ADDRESS				T ADDRESS							
			6.4 CITY		Ì						
14. Ldo bereb	by certify that the information supplie	d with this filing does not qualify:			tated in !	Section 119 07(3)(i)	Florida Statutes	L further cortifi	/ that t	he	

a on nereby 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.