

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N04317** (6)

1. Corporation Name

**SOUTH BREVARD AUTOMOBILE DEALERS ASSOCIATION, IN
C.**

Principal Place of Business

Mailing Address

**174 E HIBISCUS BLVD
MELBOURNE FL 32901
US**

**174 E HIBISCUS BLVD
MELBOURNE FL 32901
US**



3. Date Incorporated or Qualified

07/23/1984

4. FEI Number

59-2430607

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 625 E. NASA BL.

26 625 E. NASA BL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 City & State
MELBOURNE, FL**

**27 City & State
MELBOURNE, FL**

Zip

Zip

24 32901

29 32901

Country

Country

25 FLORIDA

30 FLORIDA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURPHY, EUGENE T
174 E HIBISCUS BLVD.
MELBOURNE FL 32901**

81 Name

PERRY OSMAN

82 Street Address (P.O. Box Number is Not Acceptable)

625 E. NASA BL.

83

84 City

MELBOURNE

FL

85

Zip Code

32901

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/98

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD
NAME OSMAN, PERRY
STREET ADDRESS 625 E. NASA BLVD.
CITY-ST-ZIP MELBOURNE FL**

TITLE ☒ DELETE

**STD
NAME MURPHY, EUGENE T.
STREET ADDRESS 174 E. HIBISCUS BLVD.
CITY-ST-ZIP MELBOURNE FL**

TITLE ☐ DELETE

**VD
NAME OSMAN, PAUL
STREET ADDRESS 625 E. NASA BLVD.
CITY-ST-ZIP MELBOURNE FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**STD
MURPHY, EUGENE T
174 E. HIBISCUS BLVD
MELBOURNE, FL 32901**

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 appointment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/20/98

Daytime Phone # **407-725-1100**

0018298

CR2E037 (10/97)