FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -7 PM 1:40

DOCUMENT # N05883 (6)

1. Corporation Name
THE FLORIDA INDEPENDENT AUTOMOBILE DEALERS ASSOC IATION, INC.

Principal Place of Business	Mailing Address
4162 EDGEWATER DR. ORLANDO FL 32804 US	4162 EAGEWATER DR. ORLANDO FL 32804 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/26/1984
3a. Date of Last Report: 03/24/1994
4. FEI Number: 59-0801406 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 4162 Edgewater Drive	26 4162 Edgewater Drive
22 State, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Orlando, Florida	28 Orlando, Florida
24 Zip 32804-2296 25 Country Orange	29 Zip 32804-2296 30 Country Orange

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LARA, PEGGY 4162 EDGEWATER DR ORLANDO FL 32804	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: Peggy Lara Ex. Vice President 3/3/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~CD~~	1.1 TITLE	D	☐ Change ☐ Addition
NAME	SMITH, GARY R.	1.2 NAME		
STREET ADDRESS	8190 66TH STREET, NORTH	1.3 STREET ADDRESS		
CITY-ST-ZIP	PINELLAS PARK FL	1.4 CITY-ST-ZIP		
TITLE	~~VD~~	2.1 TITLE	D	☐ Change ☐ Addition
NAME	DILKS, MICHELLE	2.2 NAME		
STREET ADDRESS	2929 TALLEVAST RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP		
TITLE	~~PD~~ C	3.1 TITLE	CD	☐ Change ☐ Addition
NAME	CRAMER, TERRY	3.2 NAME		
STREET ADDRESS	6201 N. NEBRASKA AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	ALLEN, IRA	4.2 NAME		
STREET ADDRESS	7308 ATLANTIC BLVD.	4.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP		
TITLE	~~RVP~~D	5.1 TITLE	D	☐ Change ☐ Addition
NAME	COOK, DON	5.2 NAME		
STREET ADDRESS	1589 S. MILITARY TRAIL	5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP		
TITLE	~~RVP~~D P	6.1 TITLE	PD	☐ Change ☐ Addition
NAME	KAY, TOMMY	6.2 NAME		
STREET ADDRESS	10000 NW 27TH AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Tammy Kay 3/3/95 305-896-0812 402-291-8447
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — (Daytime Phone #)

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