FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N05883 (6)

1. Corporation Name

THE FLORIDA INDEPENDENT AUTOMOBILE DEALERS ASSOC IATION, INC.

Principal Place of Business	Mailing Address
4162 EDGEWATER DRIVE ORLANDO FL 32804-2296 US	4162 EAGEWATER DR. ORLANDO FL 32804 US

3. Date Incorporated or Qualified: 10/26/1984
3a. Date of Last Report: 03/07/1995

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: 59-0801406 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

LARA, PEGGY
4162 EDGEWATER DR
ORLANDO FL 32804

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	SMITH, GARY R.		1.2 NAME	Wilson, James	
STREET ADDRESS	8190 66TH STREET, NORTH		1.3 STREET ADDRESS	3364 Palm Beach Blvd.	
CITY-ST-ZIP	PINELLAS PARK FL		1.4 CITY-ST-ZIP	Ft. Myers, FL	
TITLE	D	☒ DELETE	2.1 TITLE	MD	☐ Change ☒ Addition
NAME	DILKS, MICHELLE		2.2 NAME	Peggy Lara	
STREET ADDRESS	2929 TALLEVAST RD.		2.3 STREET ADDRESS	4162 Edgewater Drive	
CITY-ST-ZIP	SARASOTA FL		2.4 CITY-ST-ZIP	Orlando, FL	
TITLE	CD	☐ DELETE	3.1 TITLE	D	☒ 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	☐ DELETE	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	D	☐ DELETE	5.1 TITLE		☐ 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	PD	☐ DELETE	6.1 TITLE	DC	☒ 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		

CR2E037 (12/95)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Peggy Lara 4/4/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #