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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 32804-2286
US

4162 EAGEWATER DR.
ORLANDO FL 32804-2232
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 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, 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 D ☒ DELETE
NAME SMITH, GARY R.
STREET ADDRESS 8190 66TH STREET, NORTH
CITY-ST-ZIP PINELLAS PARK FL

1.1 TITLE P ☐ Change ☒ Addition
1.2 NAME Mercurio, Thomas
1.3 STREET ADDRESS P.O. Box 16127 N/A
1.4 CITY-ST-ZIP West Palm Beach, FL 33416

TITLE MD ☐ DELETE
NAME PEGGY LARA
STREET ADDRESS 4162 EDGEWATER DR
CITY-ST-ZIP ORLANDO FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE CD ☐ DELETE
NAME CRAMER, TERRY
STREET ADDRESS 6201 N. NEBRASKA AVENUE
CITY-ST-ZIP TAMPA FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ALLEN, IRA
STREET ADDRESS 7308 ATLANTIC BLVD.
CITY-ST-ZIP JACKSONVILLE FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME COOK, DON
STREET ADDRESS 1589 S. MILITARY TRAIL
CITY-ST-ZIP WEST PALM BEACH FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE PD ☐ DELETE
NAME KAY, TOMMY
STREET ADDRESS 10000 NW 27TH AVENUE
CITY-ST-ZIP MIAMI FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 attachment with an address.

CR2E037 (9/96)