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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05883

1. Corporation Name

THE FLORIDA INDEPENDENT AUTOMOBILE DEALERS ASSOCIATION, INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/26/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0801406 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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		☐ Change ☐ Addition
NAME	MERCURIO, THOMAS		1.2 NAME		
STREET ADDRESS	P.O. BOX 16127 N/A		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	MD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	PEGGY LARA		2.2 NAME		
STREET ADDRESS	4162 EDGEWATER DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2.4 CITY-ST-ZIP		
TITLE	CD	☐ DELETE	3.1 TITLE		☐ 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	P	☒ DELETE	5.1 TITLE	P	☐ Change ☒ Addition
NAME	FUZY, FRANK		5.2 NAME	Jim Winterick	
STREET ADDRESS	4669 N DIXIE HWY		5.3 STREET ADDRESS	3033 NW 36th Street	
CITY-ST-ZIP	POMPANO BEACH FL 33064		5.4 CITY-ST-ZIP	Miami, FL 33142	
TITLE	PD	☐ DELETE	6.1 TITLE		☐ 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 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, with all other like empowered.

SIGNATURE: Peggy Lara SIGNATURE REQUIRED PEGGY LARA 4/22/99 (407)291-8447

CR2E037 (11/98)