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FILED
Feb 10 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 # N23844 (6)

1. Corporation Name

ANTIQUE AUTOMOBILE CLUB OF AMERICA, SOUTH FLORID
A REGION, INC.

Principal Place of Business

Mailing Address

1510 SARRIA AVE
CORAL GABLES FL 33146
US

1510 SARRIA AVE
1510 SARRIA AVE.
CORAL GABLES FL 33146
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

12/07/1987

4. FEI Number

59-2878377

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

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

10. Name and Address of New Registered Agent

HARRIS, BEN
2235 S.W. 34TH AVE
MIAMI FL 33145

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

Ben Harris

1-6-98

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MAYER, BOB
STREET ADDRESS 10285 S.W. 135 STREET
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE S
NAME ANN MARIE CLYATT
STREET ADDRESS 5421 S.W. 63RD CT
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE D
NAME ROSCOE, AL
STREET ADDRESS 5861 SW 89TH PL
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE D
NAME JERRY HESTER
STREET ADDRESS 8805 S.W. 120TH ST.
CITY-ST-ZIP MIAMI FL

☐ DELETE

TITLE TD
NAME GOEBEL, HARRY B
STREET ADDRESS 1510 SARRIA AVE.
CITY-ST-ZIP CORAL GABLES FL

☐ DELETE

TITLE VPD
NAME MEL MANN
STREET ADDRESS 10091 S.W. 145TH ST.
CITY-ST-ZIP MIAMI FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 in an attachment with an address.

SIGNATURE:

Ben Harris

1/6/98 305-235-6000

CR2E037 (10/97)