

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2006 08:00 AM
Secretary of State

DOCUMENT # N23844

1. Entity Name

ANTIQUE AUTOMOBILE CLUB OF AMERICA, SOUTH
FLORIDA REGION, INC.



Principal Place of Business

15405 SW 77 CT
MIAMI FL 33157
US

Mailing Address

15405 SW 77 CT
MIAMI FL 33157
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-2878377

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KASSOFF, NORMAN
15405 SW 77 CT
MIAMI FL 33157

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE VPD ☐ Delete
NAME HARRIS, BEN
STREET ADDRESS 2265 S.W. 34TH AVE
CITY-ST-ZIP MIAMI FL 33145

TITLE VPD ☐ Delete
NAME SHAPIRO, IRA
STREET ADDRESS 10810 SW 69 CT
CITY-ST-ZIP MIAMI FL 33156

TITLE SD ☐ Delete
NAME SQUIER, ROBERT
STREET ADDRESS 12900 S.W. 81ST AVE
CITY-ST-ZIP MIAMI FL 33156

TITLE D ☐ Delete
NAME KASSOFF, NORMAN
STREET ADDRESS 15405 SW 77 CT
CITY-ST-ZIP MIAMI FL 33157

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000000406819
CITY-ST-ZIP 02/07/06-80106-001 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Norman C. Kassoff

305-
251-3419