


FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N24708 | | | | | |
| 1. Corporation Name FLORIDA PONTIAC DEALERS ASSOCIATION, INC. | | | | | |
| Principal Place of Business 5237 34TH ST. NORTH ST. PETERSBURG FL 33714 US | | | Mailing Address 500 MARQUETTE NW STE 400 ALBUQUERQUE NM 87012 US | | |



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|--|--|---|--|--|--|
| 2. Principal Place of Business 21 5237 34th St. North Suite, Apt. #, etc. 22 City & State 23 St. Petersburg FL Zip Country 24 33714 25 US | | 2a. Mailing Address 26 500 Marquette NW Suite, Apt. #, etc. 27 400 City & State 28 Albuquerque NM Zip Country 29 87102 30 US | | 3. Date Incorporated or Qualified 02/08/1988 | |
| | | | | 4. FEI Number 59-2870822 Applied For Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent HAVENS, STEVE 5237 34TH ST N ST PETERSBURG FL 33714 | | | | 10. Name and Address of New Registered Agent 81 Name Steve Havens 82 Street Address (P.O. Box Number is Not Acceptable) 5237 34th St. North 83 84 City St. Petersburg FL 85 Zip Code 33714 | |

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 Steve Havens President

2/15/99

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 | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HAVENS, STEVE | 1.2 NAME | |
| STREET ADDRESS | 5237 34TH ST., NORTH | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST PETERSBURG FL 33714 | 1.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | RIVARD, ROGER | 2.2 NAME | |
| STREET ADDRESS | 9470 ADAMO DRIVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | TAMPA FL 33619 | 2.4 CITY-ST-ZIP | |
| TITLE | ACD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOAGLAND, GEORGE | 3.2 NAME | |
| STREET ADDRESS | 5237 34TH ST. NORTH | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL 33714 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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:

SIGNATURE REQUIRED

(813) 527-7151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)