

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N24893** (2)

1. Corporation Name

SUNSHINE STATE CADILLAC DEALERS MARKETING ASSOCIATION, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -5 PM 2: 24

Principal Place of Business

7250 N. KENDALL DRIVE
MIAMI FL 33156

Mailing Address

7250 N. KENDALL DRIVE
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/17/1988

3a. Date of Last Report

07/26/1994

4. FEI Number

65-0029258

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

DUNWOODY, W.E., III
80 SW 8TH ST., SUITE 2804
MIAMI FL 33130

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee # applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	WILLIAMSON, THOMAS W.
STREET ADDRESS	7250 N. KENDALL DRIVE
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	FEL, GREGORY
STREET ADDRESS	1000 KANE CONCOURSE
CITY - ST - ZIP	MIAMI BCH. FL
TITLE	VD
NAME	LLOYD, BILL
STREET ADDRESS	354 N. BEACH STREET
CITY - ST - ZIP	DAYTONA BEACH FL
TITLE	D
NAME	GEYER, ROBERT
STREET ADDRESS	1179 US 41 BYPASS CO
CITY - ST - ZIP	VENICE FL
TITLE	PD
NAME	MORSE, EDWARD J
STREET ADDRESS	1240 N. FED'L HWY.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	33156
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	33154
3.1 TITLE	P/D ☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	32015
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	34292
5.1 TITLE	D ☒ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	33304
6.1 TITLE	V/D ☐ Change ☒ Addition
6.2 NAME	Schooley III, C.W.
6.3 STREET ADDRESS	2101 45th Street
6.4 CITY - ST - ZIP	West Palm Beach, FL 33407

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 or changed, or on an attachment with an address.

SIGNATURE:

Thomas W. Williamson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

24 MAR 95

305680-7100