


FILE NOW: FILING FEE IS \$61.25

FILED  
May 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N24893** (2)

1. Corporation Name

**SUNSHINE STATE CADILLAC DEALERS MARKETING ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**7250 N. KENDALL DRIVE  
MIAMI FL 33156**

**7250 N. KENDALL DRIVE  
MIAMI FL 33156-7805**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

3. Date Incorporated or Qualified  
**02/17/1988**

3a. Date of Last Report  
**09/27/1996**

4. FEI Number  
**65-0029258**

6. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ADAMS, JAMES D  
CAMINO REAL ESTATE CENTER  
7300 WEST CAMINO REAL, STE. 225  
BOCA RATON FL 33433**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	STD	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, THOMAS W.	
STREET ADDRESS	7250 N. KENDALL DRIVE	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FEIL, GREGORY	
STREET ADDRESS	1000 KANE CONCOURSE	
CITY-ST-ZIP	MIAMI BCH. FL 33154	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LLOYD, BILL	
STREET ADDRESS	354 N. BEACH STREET	
CITY-ST-ZIP	DAYTONA BEACH FL 32115	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	DEVOE, MARK A	
STREET ADDRESS	4100 TAMiami TRAIL NORTH	
CITY-ST-ZIP	NAPLES FL 33940	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MORSE, EDWARD J	
STREET ADDRESS	1240 N. FED'L HWY.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SCHOOLEY, III C W.	
STREET ADDRESS	2101 45TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>PD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Val Ward</b>
4.3 STREET ADDRESS	<b>12626 Tamiami Trail South</b>
4.4 CITY-ST-ZIP	<b>Ft. Myers, FL 33907</b>
5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Jack Douglas</b>
6.3 STREET ADDRESS	<b>224 Third Street South</b>
6.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33701</b>

14. I do 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, changed, or on an attachment with an address.

SIGNATURE:

*Thomas Williamson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-97

Date

(305) 670-7100

Daytime Phone # 0027502

CR2E037 (9/96)