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Apr 08, 1999 8:00 am
Secretary of State

04-08-1999 90010 028 ****61.25

0032457

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24893

1. Corporation Name

SUNSHINE STATE CADILLAC DEALERS MARKETING ASSOCIATION, INC.

Principal Place of Business

7250 N. KENDALL DRIVE
MIAMI FL 33156

Mailing Address

7250 N. KENDALL DRIVE
MIAMI FL 33156



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/17/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0029258	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, THOMAS W.	1.2 NAME	
STREET ADDRESS	7250 N. KENDALL DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEIL, GREGORY	2.2 NAME	FEIL, GREGORY
STREET ADDRESS	1000 KANE CONCOURSE	2.3 STREET ADDRESS	1000 KANE CONCOURSE
CITY-ST-ZIP	MIAMI BCH. FL 33154	2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33154
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LLOYD, BILL	3.2 NAME	LLOYD, BILL
STREET ADDRESS	354 N. BEACH STREET	3.3 STREET ADDRESS	354 N. BEACH STREET
CITY-ST-ZIP	DAYTONA BEACH FL	3.4 CITY-ST-ZIP	DAYTONA BEACH, FL
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, VAL	4.2 NAME	
STREET ADDRESS	12626 TAMiami TR S	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARNETT, STEVEN	5.2 NAME	SCHOOLEY, CHUCK
STREET ADDRESS	5555 S US HWY. 1	5.3 STREET ADDRESS	2101 45TH STREET
CITY-ST-ZIP	FT PIERCE FL 34982	5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEYER, ROBERT	6.2 NAME	GEYER, ROBERT
STREET ADDRESS	1800 BAY RD	6.3 STREET ADDRESS	1800 BAY ROAD
CITY-ST-ZIP	SARASOTA FL 34239	6.4 CITY-ST-ZIP	SARASOTA, FL 34239

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1 April 99 305670-7100

CR2E037 (11/98)