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CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR 20 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N41091 (2)

1. Corporation Name

CARRIER 5 STAR DEALERS ASSOCIATION, INC.

Principal Place of Business
850 MAGUIRE ROAD
OCOEE FL 34761

Mailing Address
850 MAGUIRE ROAD
OCOEE FL 34761

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1990
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-3038770 — Applied For / Not Applicable

2. Principal Place of Business
21 11301 47th ST N
Suite, Apt. #, etc.
22
City & State
23 CLEARWATER FL
Zip 24 34620 Country 25 UNITED STATES

2a. Mailing Address
26 11301 47th ST N
Suite, Apt. #, etc.
27
City & State
28 CLEARWATER FL
Zip 29 34620 Country 30 UNITED STATES

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

9. Name and Address of Current Registered Agent

RAY LOPES
5891 RODMAN STREET
HOLLYWOOD FL 33023

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 title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BLAIR, DWAYNE
STREET ADDRESS	312 SW 2ND STREET
CITY-ST-ZIP	OKEECHOBEE FL
TITLE	D
NAME	WALKER, STEVE
STREET ADDRESS	1048 E. OLEANDER
CITY-ST-ZIP	LAKELAND FL
TITLE	D
NAME	BOYD, ED
STREET ADDRESS	27074 SUNNYBROOK
CITY-ST-ZIP	HARBOR HEIGHTS FL
TITLE	D
NAME	HUCKS, DAN
STREET ADDRESS	400 N. US 1
CITY-ST-ZIP	ORMOND BEACH FL
TITLE	D
NAME	HAUSER, H. W. "SKIP"
STREET ADDRESS	1140 17TH PLACE
CITY-ST-ZIP	VERO BEACH FL
TITLE	P
NAME	LOPES, RAY
STREET ADDRESS	5891 RODMAN STREET
CITY-ST-ZIP	HOLLYWOOD FL

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		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY - ST - ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY - ST - ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY - ST - ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY - ST - ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 CITY - ST - ZIP		

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 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.

SIGNATURE: Raymond R. Lopes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Raymond R. Lopes

3/14/95 — Date
(305) 966-2380 — Daytime Phone #

0000128