

FILE NOW: FILING FEE IS \$61.25

236.25

FILED

98 MAR 19 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra R. Morham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # N41091 (2)

1. Corporation Name

CARRIER 5 STAR DEALERS ASSOCIATION, INC.

Principal Place of Business

11301 47TH ST. N.
CLEARWATER FL 34622

Mailing Address

11301 47TH ST. N.
CLEARWATER FL 34622-4963

3. Date Incorporated or Qualified
12/01/1990

3a. Date of Last Report
08/16/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

59-3038770

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

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

RAY LOPES
5891 RODMAN STREET
HOLLYWOOD FL 33023

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 *Ray Lopez, Inc.*

Signature typed, printed, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2/5/98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **BLAIR, DWAYNE**
STREET ADDRESS **312 SW 2ND STREET**
CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **D** ☐ DELETE
NAME **WALKER, STEVE**
STREET ADDRESS **1048 E. OLEANDER**
CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☐ DELETE
NAME **BOYD, ED**
STREET ADDRESS **27074 SUNNYBROOK**
CITY-ST-ZIP **HARBOR HEIGHTS FL**

TITLE **D** ☐ DELETE
NAME **HUCKS, DAN**
STREET ADDRESS **400 N. US 1**
CITY-ST-ZIP **ORMOND BEACH FL**

TITLE **D** ☐ DELETE
NAME **HAUSER, H. W. "SKIP"**
STREET ADDRESS **1140 17TH PLACE**
CITY-ST-ZIP **VERO BEACH FL**

TITLE **P** ☐ DELETE
NAME **LOPES, RAY**
STREET ADDRESS **5891 RODMAN STREET**
CITY-ST-ZIP **HOLLYWOOD FL**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

700002464227--7

-03/20/98--01122--001

*******175.00 *****175.00**

700002464227--7

-03/20/98--01122--002

*******61.25 *****61.25**

700002464227--7

-03/20/98--01122--003

*******61.25 *****61.25**

REINSTATEMENT

97-98

SL 3-20-98

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 if changed, or on an attachment with an address.

CR2E037 (9/96)

11-5-97 941-690-6143