FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 11:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N43923 (4)

1. Corporation Name

PALM BEACH INDEPENDENT AUTO DEALERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1399 BROADWAY RIVIERA BCH FL 33404 US	P O BOX 16595 WEST PALM BEACH FL 33416 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/15/1991
3a. Date of Last Report: 05/20/1994
4. FEI Number: 65-0255156 ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GOULDTHREAD, GARY 1399 BROADWAY RIVIERA BEACH FL 33404	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	GOULDTHREAD, GARY	1.2 NAME	
STREET ADDRESS	1399 BROADWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERS BEACH FL	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	DV ☒ Change ☐ Addition
NAME	WERNER, PETER	2.2 NAME	Casablanca, Sebastian
STREET ADDRESS	622 W LANTANA RD	2.3 STREET ADDRESS	615-6 Whitney Ave
CITY-ST-ZIP	LANTANA FL	2.4 CITY-ST-ZIP	Lantana, FL 33462
TITLE	DC	3.1 TITLE	☐ Change ☐ Addition
NAME	COOK, DONALD	3.2 NAME	
STREET ADDRESS	1589 S MILITARY TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	☐ Change ☐ Addition
NAME	BUCKNER, ALICE	4.2 NAME	
STREET ADDRESS	334 10TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE PARK FL	4.4 CITY-ST-ZIP	
TITLE	DT	5.1 TITLE	☐ Change ☐ Addition
NAME	LAMB, EDWIN	5.2 NAME	
STREET ADDRESS	150 N MILITARY TRAIL	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Gary Gouldthread 4-12-95 881-8913
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED BY CORPORATION OR LIMITED LIABILITY COMPANY TO SIGN Date Daytime Phone #
GARY GOULDTHREAD