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NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

(4)

PALM BEACH INDEPENDENT AUTO DEALERS ASSOCIATION,

FILED May 13 1998 8:00am Secretary of State

- A LEGATATRE DIE DIE ENERGA LATINE ERATA STAND ALLE DIE ALBEM DIE ER DATE DE GREEK DE GEBEN DE GEBEN DE GEBEN

1					
Principal Place of Business Mailing Address				T TREATURE BUT DISEAS ANTE FRANK ANDRE VENT BARIN DARIN BURAN BURAN BARIN BARIN BARIN	
1027 FLORIDA MANGO RD P.O. BOX 16595					3. Date Incorporated or Qualified
SUITE 7		WEST PALM BEACH FL 33418			
WEST PALM BEACH FL 33409 US					06/15/1991 4. FEI Number Applied For
0.01-1-10	least Duelease	Los Mallina Address			65-0255156 Not Applicable
├ ─ '	lace of Business	<u> </u>	2e. Mailing Address		5. Certificate of Status Desired S8.75 Additional
21		26			Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
22		27			Trust Fund Contribution Added to Fees
City & State	9	City & State			7. Is this nonprofit corporation a homeowners association?
23		28			☐ Yes ☐ No
L Zip	Country	Zip	Count	ry	8. This corporation owes or has paid the current year Intangible
24	28	29	30		Personal Property Tax due June 30.
	9. Name and Address of Curr	ent Registered Agent		21	10. Name and Address of New Registered Agent
			8	1 Name	
LAMB, EDWIN E			8	2 Street	Address (P.O. Box Number is Not Acceptable)
1656 LINDA LOV DR			1	-	, , , , , , , , , , , , , , , , , , , ,
1	ALM BEACH FL 33415		8	3	
1,2011			Ļ	1	leel 7- O-d-
			8	4 City	El 85 Zip Code
11. Purguant	to the provisions of Sections 617 O	502 and 617 1508 Florida Statu	ites the abo	ve-nemed	corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the Sta	te of Florida. Such change was	authorized	by the corp	corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
agent. La	m familiar with, and accept the obl	igations of, Section 517.0503, F	iorida Statut	8 8.	
SIGNATURE			er n		e recuired when reinstating) DATE
12.	Signature, typed or printed name of registered in	ND DIRECTORS	13.	gent signature	e required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
	DC OFFICERS A	DELETE	1.1 TITU		Change Addition
TITLE	_				
NAME			1.2 NAM		
STREET ADDRESS 2000 OKEECHOBEE BLVD			1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Casablanca, Sebastian		2.2 NAM	Ε	
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP			2. 4 CITY	-ST-ZIP	
TITLE	DP	DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Budjinski, maureen		3.2 NAM	E	
STREET ADDRESS	1027 FLORIDA MANGO RD		3.3 STRE	ET ADDRESS	
1	11 MAY 8411 65161 51 66166			-ST-ZIP	
TITLE	DS	☐ DELETE	4.1 TITU		Change Addition
NAME	OVERTON, BOB		4. 2 NA		
STREET ADDRESS	14470 HORSESHOE TRACE	:		ET ADDRESS	
0.7.00	WEST PALM BEACH FL	•			
CITY-ST-ZIP	DT	☐ DELETE	4.4 CITY 5.1 TITLE	-ST-ZIP	☐ Change ☐ Addition
TITLE	•	C PECELE			i change Accuracy
NAME	LAMB, EDWIN		5.2 NAM		
STREET ADDRESS	150 N MILITARY TRAIL			ET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY		[
TITLE		☐ DELETE	6.1 TITU	į	Change Addition
NAME			6.2 NAM	E	

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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

5616979000