


FILE NOW: FILING FEE IS \$61.25

FILED
May 17, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N43923					
1. Corporation Name PALM BEACH INDEPENDENT AUTO DEALERS ASSOCIATION, INC.					
Principal Place of Business 1027 FLORIDA MANGO RD SUITE 7 WEST PALM BEACH FL 33409 US			Mailing Address P.O. BOX 16595 WEST PALM BEACH FL 33416 US		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/15/1991	
4. FEI Number 65-0255156		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		5.00 May Be Added to Fees			
9. Name and Address of Current Registered Agent LAMB, EDWIN E 1656 LINDA LOV DR WEST PALM BEACH FL 33415			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 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			
TITLE	DC	<input checked="" type="checkbox"/> DELETE	
NAME	GOULDTHREAD, GARY		
STREET ADDRESS	2000 OKEECHOBEE BLVD		
CITY-ST-ZIP	WEST PALM BEACH FL		
TITLE	DV	<input type="checkbox"/> DELETE	
NAME	CASABLANCA, SEBASTIAN		
STREET ADDRESS	615-6 WHITNEY AVE		
CITY-ST-ZIP	LANTANA FL 33462		
TITLE	DP	<input checked="" type="checkbox"/> DELETE	
NAME	BUDJINSKI, MAUREEN		
STREET ADDRESS	1027 FLORIDA MANGO RD		
CITY-ST-ZIP	WEST PALM BEACH FL 33409		
TITLE	DS	<input type="checkbox"/> DELETE	
NAME	OVERTON, BOB		
STREET ADDRESS	14470 HORSESHOE TRACE		
CITY-ST-ZIP	WEST PALM BEACH FL		
TITLE	DT	<input type="checkbox"/> DELETE	
NAME	LAMB, EDWIN		
STREET ADDRESS	150 N MILITARY TRAIL		
CITY-ST-ZIP	WEST PALM BEACH FL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME	DP		
3.3 STREET ADDRESS	SIEW, BAL		
3.4 CITY-ST-ZIP	20 S. Federal Hwy Lakewood FL 33462		
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 #

4-28-99 (561) 586-2277

CR2E037 (11/98)