

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N93000005452 (8)

1. Corporation Name

SOUTH FLORIDA INDEPENDENT AUTOMOBILE DEALERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1001 EAST SAMPLE ROAD 8W
POMPANO BEACH FL 33064

1001 EAST SAMPLE ROAD 8W
POMPANO BEACH FL 33064



3. Date Incorporated or Qualified

11/29/1993

3a. Date of Last Report

07/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0455116

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

**SEMENUK, MARGARET M
3300 N.E. 31ST AVENUE
LIGHTHOUSE POINT FL 33064**

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STRACK, RAYMOND SR	
STREET ADDRESS	C/O 250 SOUTH STATE RD. 7	
CITY-ST-ZIP	PLANTATION FL 33317	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KAY, TOMMY	
STREET ADDRESS	C/O 10000 NW 27TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	HOYT, GENE	
STREET ADDRESS	1001 EAST SAMPLE ROAD SUITE 8W	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SEMENUK, MARGARET M	
STREET ADDRESS	3300 N.E. 31ST AVENUE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RUDIO, JUDY	
STREET ADDRESS	2732 MONTEVIDEO AVENUE	
CITY-ST-ZIP	COOPER CITY FL 33026	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	000001795580	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	-04/26/96 --01014--029	
1.3 STREET ADDRESS	***70.00	
1.4 CITY-ST-ZIP		
2.1 TITLE	D- VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	same	TITLE
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	same	TITLE
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	no change	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D- SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOHN SVADBIK	
5.3 STREET ADDRESS	13480 SW 248 ST	
5.4 CITY-ST-ZIP	MIAMI, FL 33092	
6.1 TITLE	D- PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JAMES M. WINTERICK	
6.3 STREET ADDRESS	17204 SW 78TH CT	
6.4 CITY-ST-ZIP	MIAMI, FL 33157	

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)(k), 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:

Margaret M. Semenuk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARET M. SEMENUK 4/12/96 954-785-5556
Date Daytime Phone #

CR2E037 (12/95)