FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N9300005452 (8)

SOUTH FLORIDA INDEPENDENT AUTOMOBILE DEALERS ASS OCIATION, INC.

Principal Place of Business

Mailing Address

1001 EAST SAMPLE ROAD 8W POMPANO BEACH FL 33064 1001 EAST SAMPLE ROAD 8W POMPANO BEACH FL 33064-5148

FILED Feb 26 1997 8:00am Secretary of State



POMPANO BEA	CH FL 33064 POMPANO BEI	4CH FL 33004-5	148		
				3. Date Incorporated or Qualified 11/29/1993	3a. Date of Last Report 04/25/1996
2. Principal Pi	ace of Business 36 th st 26 S6	dress		4. FEI Number	Applied For
21 3033	3/(40.36) $1/(57)$ 26 $3/6$	me		65-0455116	Not Applicable
Suite, Apt. a	#, etc. Suite, Apt.	. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & Sta	te		6. Election Campaign Financing	\$5.00 May Be
23 // (8	m 28			Trust Fund Contribution	Added to Fees
Zip	Copyrry	_	Country	8. This corporation has liability for in	
24 35/5	9. Name and Address of Current Registered Ager	30	<u> </u>	Florida Statutes 10. Name and Address of New Rec	Yes No
81 Name and Address of Corrent Registered Agent					
SEMENUK, MARGARET M				tames in Win	tereck
3300 N.E. 31ST AVENUE				ddress (P.O. Box Number is Not Acceptable 2014	(e) C
LIGHTHOUSE POINT FL 33064				10.7 30 1000	400
4 CONTIN	7000 1 01111 1 0 00004		84 City 1		les l Zin Code
				Jeani	FL 85 Zip Code 33/57
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					
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 James h Wuntersk Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	PD 🗆	DELETE	1.1 TITLE	DT	Change Addition
NAME	WINTERICK, JAMES M		1.2 NAME	- <i>j</i>	
STREET ADDRESS	17204 SW 78TH COURT		1.3 STREET ADDRESS	Same	
CITY - ST - ZIP	MIAMI FL 33157		1.4 CITY-ST-ZIP		
TITLE	VPD	DELETE	2.1 TITLE		Change Addition
NAME	KAY, TOMMY		22 NAME		-
STREET ADDRESS	C/O 10000 NW 27TH AVENUE		2.3 STREET ADDRESS		
CITY-S1-ZIP	MIAMI FL 33147		2. 4 CITY-ST-ZIP		
TITLE	_	DELETE	3.1 THILE		Change Addition
NAME	HOYT, GENE		3.2 NAME		
STREET ADDRESS	1001 EAST SAMPLE ROAD SUITE 8W		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33064		3.4. CITY-ST-ZIP		
TITLE	- '	DELETE	4.1 T(TLE		Change Addition
NAME	SEMENUK, MARGARET M		4. 2 NAME		
STREET ADDRESS	3300 N.E. 31ST AVENUE		4.3 STREET ADORESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	DOLETE	4.4 CITY-ST-ZIP	766C+ 67+ 7	
TITLE	-	DELETE	5.1 TITLE	TKESTOEN 7 - D	Change Addition
NAME	SVADBIK, JOHN		5.2 NAME	Jane Jane	
STREET ADDRESS	13480 SW 248TH STREET			Sone	į
CITY - ST - ZIP	MIAMI FL 33092	DELETE	5.4 CITY-ST-ZIP	-	Change Addition
TITLE	↓ _i	DELETE	6.1 TITLE		. L. Change L. Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		ļ
CITY-S1-ZIP	an earlify that the information cumplied with this filling do	on not qualify for	6.4 CITY-ST-ZIP	ated in Section 110 07/3Vi) Florida Statuto	a I further portify that the

14. Too hereby certify that the information supplied with this filling does not quality for the exemption stated in Section 118.07(3)(f), Fordia statutes. Firther certify into 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/97

Daytime Phone # 0001041