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FILED
Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005452 (8)**

1. Corporation Name

SOUTH FLORIDA INDEPENDENT AUTOMOBILE DEALERS ASSOCIATION, INC.



Principal Place of Business 3033 NW 36TH ST MIAMI FL 33142 US	Mailing Address 3033 NW 36TH ST MIAMI FL 33142 US
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3. Date Incorporated or Qualified 11/29/1993	
4. FEI Number 65-0455116	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 5431 N ST RD 7	2a. Mailing Address 26 5431 N ST RD 7
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAMARAC FL	City & State 28 TAMARAC FL
Zip 24 33319	Country 25 USA
Country 29 BROWARD	Zip 30 33319

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WINTERICK, JAMES M 17204 SW 78TH CT MIAMI FL 33157	
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10. Name and Address of New Registered Agent 81 Name LANCE MEHLER 82 Street Address (P.O. Box Number Is Not Acceptable) 2729 NE 15 ST 83 84 City POMPANO BEACH FL 85 Zip 33062	
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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  **LANCE MEHLER** 3/2/98
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 OFFICERS AND DIRECTORS IN 12	
TITLE DT	<input type="checkbox"/> DELETE	1.1 TITLE Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WINTERICK, JAMES M		1.2 NAME WINTERICK, JAMES M	
STREET ADDRESS 17204 SW 78TH COURT		1.3 STREET ADDRESS 17204 SW 78th Court	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP MIAMI FL 33147	
TITLE VPD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KAY, TOMMY		2.2 NAME	
STREET ADDRESS C/O 10000 NW 27TH AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33147		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 PTD	<input type="checkbox"/> DELETE	4.1 TITLE SECRETARY/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SVADBIK, JOHN		4.2 NAME SVADBIK, JOHN	
STREET ADDRESS 13480 SW 248TH STREET		4.3 STREET ADDRESS 13480 SW 248th St.	
CITY-ST-ZIP MIAMI FL		4.4 CITY-ST-ZIP MIAMI FL 33157	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME ANDY ANDREOZZI	
STREET ADDRESS		5.3 STREET ADDRESS 1100 S ST RD 7	
CITY-ST-ZIP		5.4 CITY-ST-ZIP HOLLYWOOD FL 33023	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME LANCE MEHLER	
STREET ADDRESS		6.3 STREET ADDRESS 5431 N ST RD 7	
CITY-ST-ZIP		6.4 CITY-ST-ZIP TAMARAC FL 33319	

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.

SIGNATURE:  **LANCE MEHLER** 3/2/98 954-677-0335

CR2E037 (1097)