


**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90027 040 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N93000005452</b>					
1. Corporation Name <b>SOUTH FLORIDA INDEPENDENT AUTOMOBILE DEALERS ASSOCIATION, INC.</b>					
Principal Place of Business 5431 N SR 7 TAMARAC FL 33319 US			Mailing Address 5431 N SR 7 TAMARAC FL 33319 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/29/1993	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0455116	
24 Country		29 Country		30 Country	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
6. Election Campaign Financing				<input type="checkbox"/> Trust Fund Contribution	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MEHLER, LANCE 2729 NE 15 ST POMPANO BEACH FL 33062				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				DATE			
Signature, typed or printed name of registered agent and title if applicable.				(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	ELETE	1.1 TITLE	1.1 TITLE	Change	Addition	
NAME	WINTERICK, JAMES M		1.2 NAME	WINTERICK, JAMES M			
STREET ADDRESS	17204 SW 78TH CT		1.3 STREET ADDRESS	17204 SW 78TH CT			
CITY-ST-ZIP	MIAMI FL 33147		1.4 CITY-ST-ZIP	MIAMI FL 33147			
TITLE	VPD	ELETE	2.1 TITLE	DIRECTOR-TRUSTEE	Change	Addition	
NAME	KAY, TOMMY		2.2 NAME	KAY, TOMMY			
STREET ADDRESS	C/O 10000 NW 27TH AVENUE		2.3 STREET ADDRESS	10000 NW 27 AVE			
CITY-ST-ZIP	MIAMI FL 33147		2.4 CITY-ST-ZIP	MIAMI FL 33147			
TITLE	D	ELETE	3.1 TITLE	DIRECTOR/TRUSTEE	Change	Addition	
NAME	HOYT, GENE		3.2 NAME	HOYT, GENE			
STREET ADDRESS	1001 EAST SAMPLE ROAD SUITE 8W		3.3 STREET ADDRESS	1001 EAST SAMPLE ROAD SUITE 8W			
CITY-ST-ZIP	POMPANO BEACH FL 33064		3.4 CITY-ST-ZIP	POMPANO BEACH FL 33064			
TITLE	SD	DELETE	4.1 TITLE		Change	Addition	
NAME	SVADGIK, JOHN		4.2 NAME				
STREET ADDRESS	13480 SW 248 TH ST		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33157		4.4 CITY-ST-ZIP				
TITLE	P	DELETE	5.1 TITLE	PRESIDENT	Change	Addition	
NAME	ANDREOZZI, ANDY		5.2 NAME	DAVID SATZMAN			
STREET ADDRESS	1100 S SR 7		5.3 STREET ADDRESS	801 S.W. 27 AVE			
CITY-ST-ZIP	HOLLYWOOD FL 33023		5.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33312			
TITLE	T	DELETE	6.1 TITLE		Change	Addition	
NAME	MEHLER, LANCE		6.2 NAME	MEHLER, LANCE			
STREET ADDRESS	5931 N ST. RD. 7		6.3 STREET ADDRESS	5431 N ST RD 7			
CITY-ST-ZIP	TAMARAC FL 33319		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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

L. MEHLER 4/9/99 954 946-2975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #