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Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N94000002989 (1)

1. Corporation Name

WEST COLONIAL DEALERS' ASSOCIATION, INC.



Principal Place of Business

Mailing Address

201 EAST PINE ST.
SUITE 701
ORLANDO FL 32801

201 EAST PINE ST.
SUITE 701
ORLANDO FL 32801-2755

3. Date Incorporated or Qualified
06/15/1994

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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4. FEI Number
59-3250491

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

HUMPHRIES, J. GREGORY
201 EAST PINE ST.
SUITE 701
ORLANDO FL 32801

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
20 N. Orange Ave.

83 Suite 1000

84 City
Orlando

FL

85 Zip Code
32801-4626

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME MEALEY, DONALD C
STREET ADDRESS 350 S. LAKE DESTINY DR.
CITY-ST-ZIP ORLANDO FL 32810

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME MCNAMARA, DENNIS
STREET ADDRESS 1010 WEST COLONIAL DR.
CITY-ST-ZIP ORLANDO FL 32804

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D DELETE
NAME SMITH, MIKE
STREET ADDRESS 4101 WEST COLONIAL DR.
CITY-ST-ZIP ORLANDO FL 32808

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VP DELETE
NAME PEACOCK, W. WARNER
STREET ADDRESS 350 S. LAKE DESTINY DR. #200
CITY-ST-ZIP ORLANDO FL 32810

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

600002141316
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14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

W. Warner Peacock, V. Pres.
3/17/97

407-660-2224

Daytime Phone # 0018001

CR2E037 (9/96)