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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005885 (8)**

1. Corporation Name

FLORIDA ANTI-CAR THEFT COMMITTEE, INC.

Principal Place of Business

Mailing Address

**2125 S.E. 2ND TERRACE
CAPE CORAL FL 33990**

**2125 S.E. 2ND TERRACE
CAPE CORAL FL 33990**

3. Date Incorporated or Qualified

11/28/1994

4. FEI Number

65-0554325

Applied For

Not Applicable

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 30

5. Certificate of Status Desired

☐ \$8.75 Additional

Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BUENO, DENNIS C
2125 S.E. 2ND TERRACE
CAPE CORAL FL 33990**

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **METCALFE, H L**
STREET ADDRESS **1601 FORUM PLACE STE 202**
CITY-ST-ZIP **W PALM BCH FL**

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

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **CHRISTINE SULLIVAN-LUTZ**
STREET ADDRESS **THE CAPITOL ROOM PL-01**
CITY-ST-ZIP **TALLAHASSEE F**

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

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **NEIL CHAMELIN**
STREET ADDRESS **NEIL KIRKMAN BLDG A318**
CITY-ST-ZIP **TALLAHASSEE F**

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

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **SMITH, W. RUSSELL**
STREET ADDRESS **17200 COMMERCE PARK BLVD.**
CITY-ST-ZIP **TAMPA FL 33647-2600**

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

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **DEREMER, JACQUES**
STREET ADDRESS **5720 HAWKES BLUFF AVE**
CITY-ST-ZIP **FT LAUDERDALE FL**

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

☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **LEN BACH**
STREET ADDRESS **2400 SE FEDERAL HWY 220**
CITY-ST-ZIP **STUART FL**

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

☐ Change ☐ Addition

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:

[Signature]

2/20/98

CR2E037 (10/97)