

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000002770 (4)

1. Corporation Name

CENTRAL FLORIDA INDEPENDENT AUTOMOBILE DEALERS ASSOCIATION, INC.



Principal Place of Business

4162 EDGEWATER DRIVE
ORLANDO FL 32804

Mailing Address

4162 EDGEWATER DRIVE
ORLANDO FL 32804

3. Date Incorporated or Qualified
06/13/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

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

SEARS, JAMES W
511 N. FERNCREEK AVE.
ORLANDO FL 32803

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARBAIS, STEVEN W	
STREET ADDRESS	1207 N. LAKEWOOD AVE.	
CITY - ST - ZIP	ORLANDO FL 32805	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERRY, DANIEL	
STREET ADDRESS	571 MERCY DRIVE	
CITY - ST - ZIP	ORLANDO FL 32805	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SANCHEZ, ROBERT	
STREET ADDRESS	6517 N. ORANGE BLOSSOM TRAIL	
CITY - ST - ZIP	ORLANDO FL 32810	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RICHARD A. RAGUNT	
1.3 STREET ADDRESS	902 S.O.B.T	
1.4 CITY - ST - ZIP	APOPKA, FL 32703	
2.1 TITLE	VICE-PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JIM HALLABIE	
2.3 STREET ADDRESS	571 MERCY DR	
2.4 CITY - ST - ZIP	ORLANDO, FL 32806	
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bruce Preston	
3.3 STREET ADDRESS	2203 S. ORANGE AVE	
3.4 CITY - ST - ZIP	ORLANDO FL 32806	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

3/17/1996 407
422-8948
Daytime Phone #

CR2E037 (12/95)