

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

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> Not Applicable
23	City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25		29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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

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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRESIDENT
NAME	MARBAIS, STEVEN W	1.2 NAME	RICHARD A. RABUNT
STREET ADDRESS	1207 N. LAKEWOOD AVE.	1.3 STREET ADDRESS	902 S.O.B.T
CITY-ST-ZIP	ORLANDO FL 32805	1.4 CITY-ST-ZIP	APOPKA, FL 32703
TITLE	D	2.1 TITLE	VICE-PRESIDENT
NAME	BERRY, DANIEL	2.2 NAME	JIM HALLABIE
STREET ADDRESS	571 MERCY DRIVE	2.3 STREET ADDRESS	571 MERCY DR
CITY-ST-ZIP	ORLANDO FL 32805	2.4 CITY-ST-ZIP	ORLANDO, FL 32806
TITLE	D	3.1 TITLE	TREASURER
NAME	SANCHEZ, ROBERT	3.2 NAME	Bruce Preston
STREET ADDRESS	6517 N. ORANGE BLOSSOM TRAIL	3.3 STREET ADDRESS	2203 S. ORANGE AVE
CITY-ST-ZIP	ORLANDO FL 32810	3.4 CITY-ST-ZIP	ORLANDO FL 32806
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	400001774504
NAME		5.2 NAME	-04/09/96---01129--023
STREET ADDRESS		5.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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: B. Mortham B. Preston 3/17/1996 407 422-8448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)