

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90001 029 ****61.25

DOCUMENT # N95000002770

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



2. Principal Place of Business

21 1207 N. Lakewood Ave

2a. Mailing Address

26 1207 N. Lakewood Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

23 Ocoee, FL

27 City & State

28 Ocoee, FLA

24 Zip

34761

Country

usa

29 Zip

34761

Country

usa

3. Date Incorporated or Qualified

06/13/1995

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

STEVEN W. MARBAIS

82 Street Address (P.O. Box Number is Not Acceptable)

1207 N. Lakewood Ave.

83

84 City

Ocoee

FL

85 Zip Code

34761

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

7/15/99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME HOLSAPPLE, JIM
STREET ADDRESS 571 MERCY DRIVE
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE VPD
NAME PRESTON, BRUCE
STREET ADDRESS 2203 S. ORANGE AVE.
CITY-ST-ZIP ORLANDO FL

☐ DELETE

TITLE TD
NAME PRESTON, BRUCE
STREET ADDRESS 2203 S. ORANGE AVE
CITY-ST-ZIP ORLANDO FL 32806

☐ DELETE

TITLE TD
NAME MARBASIS, STEVEN W
STREET ADDRESS 1207 N. LAKEWOOD AVE.
CITY-ST-ZIP OCOEE FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/15/99 407.833-7422

0001411

CR2E037 (5/99)