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Apr 15 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000003769 (4)

1. Corporation Name

SOUTH FLORIDA ACE DEALERS, INC.



Principal Place of Business

Mailing Address

4343 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309

4343 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309-4743

3. Date Incorporated or Qualified
07/10/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1100 NORTH UNIVERSITY DR
Suite, Apt. #, etc.

26 1100 NORTH UNIVERSITY DR
Suite, Apt. #, etc.

4. FEI Number

65-0646285

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

23 Pembrooke Pines, FL

City & State

28 Pembrooke Pines, FL

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

24 33024

Country

25 BROWARD

Zip

29 33024

Country

30 BROWARD

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

MOUSTAKIS, JOHN R
4343 NORTH ANDREWS AVENUE
FORT LAUDERDALE FL 33309

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 PD
NAME MOUSTAKIS, JOHN R
STREET ADDRESS 4343 NORTH ANDREWS AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33309

DELETE

TITLE VPD
NAME HITCHCOCK, DAN
STREET ADDRESS 7325 S.W. 57TH AVENUE
CITY-ST-ZIP MIAMI FL 33143

DELETE

TITLE SD
NAME VANASSCHE, CHRISTOPHER
STREET ADDRESS 6017 WEST SUNRISE BOULEVARD
CITY-ST-ZIP SUNRISE FL 33313

DELETE

TITLE TD
NAME GOGGIN, ROBERT E III
STREET ADDRESS 1100 NORTH UNIVERSITY DRIVE
CITY-ST-ZIP PEMBROKE PINES FL 33024

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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 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:

1-954-
4/4/97 432-5854
YOUNG ROBERT E. GOGGIN III PRES.

CR2E037 (9/96)