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Apr 17 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 # **N96000003769 (4)**

1. Corporation Name

SOUTH FLORIDA ACE DEALERS, INC.

Principal Place of Business

Mailing Address

**1100 N UNIVERSITY DR
PEMBROKE PINES FL 33024
US**

**1100 N UNIVERSITY DR
PEMBROKE PINES FL 33024
US**

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/10/1996

4. FEI Number

65-0646285

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**

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

10. Name and Address of New Registered Agent

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

81 Name

ROBERT E. GOGGIN III

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

1100 NORTH UNIVERSITY DR

83

84 City

PEMBROKE PINES

FL

85 Zip Code

33024

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 **ROBERT E. GOGGIN III TRES.**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required upon reinstatement)

4/8/98

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE

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

TITLE **VPD** ☐ DELETE

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

TITLE **SD** ☐ DELETE

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

TITLE **TD** ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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: **ROBERT E. GOGGIN III TRES.**

4/8/98

CR2E037 (10/97)