FILE NOW: FILING FEE IS \$61:25

NGNPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

<u>1998</u>

DOCUMENT # N96000005753(6)

DADE, BROWARD ACURA DEALERS ADVERTISING ASSOCIATION, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

23

24

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

28

901 NORTHPOINT PARKWAY, SUITE 102 WEST PALM BEACH, FL 33407

11/12/1996					
4. FEI Number		Applied For			
 65-0732149		Not Applicable			
5. Certificate of Status Desired		\$8.75 Additional Fee Required			
 8. Election Campaign Financing Trust Fund Contribution	- 🗆	\$5.00 May Be Added to Fees			
7. Is this nonprofit corporation a h	omeown Yes	ers association? No			
This corporation owes or has p Personal Property Tax due June		urrent year Intangible Yes No			
 10. Name and Address of New R	egistere	d Agent			

FILED

Apr 06 1998 8:00am

Secretary of State

GEORGE E. CHISMARK, JR. 901 NORTHPOINT PARKWAY, SUITE 102 WEST PALM BEACH, FL 33407

9. Name and Address of Current Registered Agent

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10. Name and Address of New Registered Agent								
81	Name							
82	Street Address (P.O. Box Number is Not Acceptable)			-				
83			• • • • • • • • • • • • • • • • • • • •					
84	City	85	Zip Code					

3. Date Incorporated or Qualified

1. 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.

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-						
SIGNATURE						
·	Signature, typed or printed name of registered agent and title if applical	ble (NOTE: I	Registered Agent signature r		DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 1	2
TITLE	ĎΡ	DELETE	1.1 THLE		☐ Change ☐ A	Addition
NAME	KULL, RICHARD		1.2 NAME			
STREET ADDRESS	940 N. FEDERAL HIGHWAY POMPANO BEACH, FL 33		1.3 STREET ADDRESS			
CITY-ST-ZIP			1.4 CITY-\$1-ZIP			
TITLE	DST CASE, RICK 875 N. STATE ROAD 7	DELFTE	2.1 TITLE		☐ Change ☐ A	Addition
NAMÉ			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP	PLANTATION, FL 33317		2. 4 CITY - \$1 - ZIP			
TITLE	D	☐ DEFE1E	3.1 TITLE		☐ Change ☐ A	Addition
NAME	WENTLING, JOHN 3801 S. STATE ROAD 7 HOLLYWOOD, FL 33023		3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP		·	
TITLE	D	DELETE	4.1 TITLE		☐ Change ☐ Ad	ddit-on
NAME	ESSERMAN, RON		4. 2 NAME			
STREET ADDRESS	16601 S. DIXIE HIGHWAY	Y	4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 Crty - ST - ZIP			
TITLE		DILETE	5 1 TITLE	20000247	Etmonge 🔲 Ac	ddition
NAME			5.2 NAME	-04/06/980101	8005	
STREET ADDRESS			5.3 STREET ADDRESS	***61.25		
CITY-ST-ZIP			5.4 CITY - ST - ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Ad	ddition
NAME			6.2 NAME	•	1156	<u>م</u> ا
STREET ADDRESS			6.3 STREET ADDRESS		1 / 1	, I
CITY . CT . 710			C 4 C/TV CT 7/0		$\sim_I \setminus_V$	- 7 1

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 occurate 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 occurrence 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 a statistic property of the corporation of the occurrence of the corporation of the occurrence of the corporation of the occurrence of th

SIGNATUR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

3/24/98

Daytime Phone #

CR2E037 (10/97)