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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N97000006642

1. Corporation Name

PROFESSIONAL VEHICLE DEALERS ASSOCIATION, INC.

Principal Place of Business

6340 49TH ST. NORTH  
PINELLAS PARK FL 33781

Mailing Address

6340 49TH ST. NORTH  
PINELLAS PARK FL 33781

487726 - 90039 - 39



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/24/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

NOT APPLICABLE

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARMELEE, JD  
6340 49TH ST. NORTH  
PINELLAS PARK FL 33781

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 DP  
NAME BROWN, JAMES H  
STREET ADDRESS 3150 65TH ST. NO.  
CITY-ST-ZIP ST. PETERSBURG FL 33701

DELETE

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

DT  
Munsell, Cathy J.  
2390 60th Street North  
St. Petersburg, FL 33710

Change

Addition

TITLE DS  
NAME PARMELEE, AUDREY  
STREET ADDRESS 5725 80TH ST. NO. #103  
CITY-ST-ZIP ST. PETERSBURG FL 33709

DELETE

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

Change

Addition

TITLE DT  
NAME MILLER, DAVID  
STREET ADDRESS 3430 N. LAKE SHORE, DR. 9N  
CITY-ST-ZIP CHICAGO IL 60657

DELETE

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

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

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

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

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

Change

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

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)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James H. Brown

4/29/99

727-520-0072

Date

Daytime Phone #

CR2E037 (11/98)