
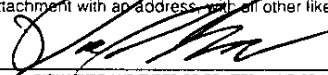


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 16, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90021 033 \*\*\*150.00

<b>DOCUMENT # P06000014728</b> 1. Entity Name SOUTH FLORIDA ADVERTISING ASSOCIATION OF ACURA DEALERS, INC.					
Principal Place of Business 2699 STIRLING ROAD B-206 FORT LAUDERDALE, FL 33312 US			Mailing Address 2699 STIRLING ROAD B-206 FORT LAUDERDALE, FL 33312 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-4260197</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  SCHAIN, RONALD D 2699 STIRLING ROAD B-206 FORT LAUDERDALE, FL 33312				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent:  SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ESTERMAN, RON 10455 NORTHWEST 12TH STREET MIAMI, FL 33172		TITLE NAME STREET ADDRESS CITY- ST- ZIP	P ESTERMAN, RON 10455 NORTHWEST 12TH ST. MIAMI, FL 33172	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP ZINN, CRAIG 3801 S. STATE ROAD 7 HOLLYWOOD, FL 33023		TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY- ST- ZIP	SECY - TREAS. RICHARD J. CASE 947 HILLSBORN MILE HILLSBORN BEACH, FL. 33162	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Blank]	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Blank]		TITLE NAME STREET ADDRESS CITY- ST- ZIP	[Blank]	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: 			RONALD SCHAIN 4/16/07 954-942-0011		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40114010



05012007 Chg-P CR2E034 (12/06)

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

SCHAIN, RONALD D  
2699 STIRLING ROAD  
B-206  
FORT LAUDERDALE, FL 33312

## 7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
**FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent:

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	ESTERMAN, RON	
STREET ADDRESS	10455 NORTHWEST 12TH STREET	
CITY- ST- ZIP	MIAMI, FL 33172	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ZINN, CRAIG	
STREET ADDRESS	3801 S. STATE ROAD 7	
CITY- ST- ZIP	HOLLYWOOD, FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTERMAN, RON	
STREET ADDRESS	10455 NORTHWEST 12TH ST.	
CITY- ST- ZIP	MIAMI, FL 33172	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SECY - TREAS. RICHARD J. CASE	
STREET ADDRESS	947 HILLSBORN MILE	
CITY- ST- ZIP	HILLSBORN BEACH, FL. 33162	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  RONALD SCHAIN 4/16/07 954-942-0011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #