

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90027 042 \*\*\*150.00

DOCUMENT # P06000014728

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



01162008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-4260197

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

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 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  
NAME ESSERMAN, RON  
STREET ADDRESS 10455 NORTHWEST 12TH STREET  
CITY- ST- ZIP MIAMI, FL 33172

TITLE VP  
NAME ZINN, CRAIG  
STREET ADDRESS 3801 S. STATE ROAD 7  
CITY- ST- ZIP HOLLYWOOD, FL 33023

TITLE ST  
NAME CASE, RICHARD J  
STREET ADDRESS 949 HILLSBIRD MILE  
CITY- ST- ZIP HILLSBIRD BEACH, FL 33062

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 prepare 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 or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RON ESSERMAN

X 1/21/08

Date

(954) 962-0611

Daytime Phone #