

FILE NOW: FILING FEE IS \$61.25

FILED

May 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthamp</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N97000001717 (4)**  
1. Corporation Name  
**MERCEDES-BENZ CLUB OF AMERICA, SOUTHERN STARS SECTION, INC.**



Principal Place of Business <b>P O BOX 350267 JACKSONVILLE FL 32225-0267</b>	Mailing Address <b>P O BOX 350267 JACKSONVILLE FL 32225-0267</b>
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3. Date Incorporated or Qualified <b>03/24/1997</b>	
4. FEI Number <b>59-3444820</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Sulte, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LEEDY, DAVID B 3101 SOUTHERN HILLS CIRCLE, WEST JACKSONVILLE FL 32225-4665</b>	
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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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>President</b>	1.2 NAME	<b>Director</b>
STREET ADDRESS	<b>David B. Leedy</b>	1.3 STREET ADDRESS	<b>P.B. Haga</b>
CITY-ST-ZIP	<b>3101 Southern Hills Cir., West Jacksonville, FL 32225</b>	1.4 CITY-ST-ZIP	<b>4638 Wadham Lane, Jax, FL 32210</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Vice President</b>	2.2 NAME	<b>Director</b>
STREET ADDRESS	<b>Steven LaBelle</b>	2.3 STREET ADDRESS	<b>Harry A. Marsh III</b>
CITY-ST-ZIP	<b>11366 Tacito Cr. Dr, JAX, FL 32223</b>	2.4 CITY-ST-ZIP	<b>PO Box 31296, Jax, FL 32230</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Secretary</b>	3.2 NAME	<b>Director</b>
STREET ADDRESS	<b>Yvonne Hove</b>	3.3 STREET ADDRESS	<b>Larry M. Neely</b>
CITY-ST-ZIP	<b>4012 Turnberry Ct., Jax, FL 32225</b>	3.4 CITY-ST-ZIP	<b>1 Cavan Lane, Savannah, GA 31411</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Treasurer</b>	4.2 NAME	<b>Director</b>
STREET ADDRESS	<b>Januszcz Tolcz</b>	4.3 STREET ADDRESS	<b>John W. Rand, Jr.</b>
CITY-ST-ZIP	<b>8529 Alton Ave., Jax, FL 32211</b>	4.4 CITY-ST-ZIP	<b>2046 Broad Oak Dr. Jax, FL 32225</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Director</b>	5.2 NAME	
STREET ADDRESS	<b>Arthur A. Costa, Sr</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>3804 Villa San Jose Dr, Jax, FL 32217</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Director</b>	6.2 NAME	
STREET ADDRESS	<b>William H. Ferran</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>13082 Mandarin Rd., Jax, FL 32223</b>	6.4 CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Director</b>
1.3 STREET ADDRESS	<b>P.B. Haga</b>
1.4 CITY-ST-ZIP	<b>4638 Wadham Lane, Jax, FL 32210</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Director</b>
2.3 STREET ADDRESS	<b>Harry A. Marsh III</b>
2.4 CITY-ST-ZIP	<b>PO Box 31296, Jax, FL 32230</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Director</b>
3.3 STREET ADDRESS	<b>Larry M. Neely</b>
3.4 CITY-ST-ZIP	<b>1 Cavan Lane, Savannah, GA 31411</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Director</b>
4.3 STREET ADDRESS	<b>John W. Rand, Jr.</b>
4.4 CITY-ST-ZIP	<b>2046 Broad Oak Dr. Jax, FL 32225</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *David B. Leedy* **DAVID B. LEEDY, PRESIDENT 2/18/98** 904/696-0010

CR2E037 (10/97)