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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000001717

1. Corporation Name

MERCEDES-BENZ CLUB OF AMERICA, SOUTHERN STARS SE
CTION, INC.

Principal Place of Business

P O BOX 350267
JACKSONVILLE FL 32225-0267

Mailing Address

P O BOX 350267
JACKSONVILLE FL 32225-0267



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

03/24/1997

4. FEI Number

59-3444820

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LEEDY, DAVID B
3101 SOUTHERN HILLS CIRCLE, WEST
JACKSONVILLE FL 32225-4665

10. Name and Address of New Registered Agent

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 *David B. Leedy* DAVID B. LEEDY, REGISTERED AGENT

Jan 16, 1999

DATE

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	LEEDY, DAVID B	
STREET ADDRESS	3101 SOUTHERN HILLS CIR., WEST	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	LABELLE, STEVEN	
STREET ADDRESS	11366 TACITO CR. DR.	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	HOVE, YVONNE	
STREET ADDRESS	4012 TURNBERRY CT	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TOLCZ, JANUSCZ	
STREET ADDRESS	8529 ALTON AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COSTA, ARTHUR A SR	
STREET ADDRESS	3804 VILLA SAN JOSE DR	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FERRAN, WILLIAM H	
STREET ADDRESS	13082 MANDARIN RD	
CITY-ST-ZIP	JACKSONVILLE FL 32223	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STEVEN LABELLE	
1.3 STREET ADDRESS	18135 GATE PKWY #510	
1.4 CITY-ST-ZIP	JACKSONVILLE FL 32246	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN D. ZOLLER	
2.3 STREET ADDRESS	10010 BELLE RIVE BLVD	
2.4 CITY-ST-ZIP	JACKSONVILLE, FL 32256	
3.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	P. B. HAGA	
3.3 STREET ADDRESS	4638 WADHAM LN	
3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210-8146	
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOHN W. RAND JR.	
4.3 STREET ADDRESS	2046 BROAD OAK DR	
4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32275-2424	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	DAVID B. LEEDY	
6.3 STREET ADDRESS	3101 SOUTHERN HILLS CIR. WEST	
6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32225-4665	

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, with all other like empowered.

SIGNATURE: *David B. Leedy* DAVID B. LEEDY, DIRECTOR

Jan 16, 1999 904/641-3030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)