

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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**95 APR 27 PM 1:29**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

**CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 432992 (6)**

1. Corporation Name  
**SPITZER DODGE, INC.**

Principal Place of Business      Mailing Address

**30101 SOUTH DIXIE HIGHWAY  
HOMESTEAD FL 33033-3205**      **30101 SOUTH DIXIE HIGHWAY  
HOMESTEAD FL 33033-3205**

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt #, etc.      Suite, Apt #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

3. Date Incorporated or Qualified      3a. Date of Last Report

**08/20/1973**      **04/05/1994**

4. FEI Number      Applied For

**59-1518936**      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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes      Yes      No

9. Name and Address of Current Registered Agent

**SZABO, LENNY  
30101 SOUTH DIXIE HIGHWAY  
HOMESTEAD FL 33030**

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City      FL      05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature)      \_\_\_\_\_ (Typed Name)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>S</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLANCHARD, GARY</b>	12 NAME	
STREET ADDRESS	<b>150 E BRIDGE ST</b>	13 STREET ADDRESS	
CITY, ST, ZIP	<b>ELYRIA OH</b>	14 CITY, ST, ZIP	
TITLE	<b>PD</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPITZER, ALAN</b>	22 NAME	
STREET ADDRESS	<b>30101 S DIXIE HWY</b>	23 STREET ADDRESS	
CITY, ST, ZIP	<b>HOMESTEAD FL</b>	24 CITY, ST, ZIP	
TITLE	<b>VD</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPITZER, ADELBERT</b>	32 NAME	
STREET ADDRESS	<b>30101 S DIXIE HWY</b>	33 STREET ADDRESS	
CITY, ST, ZIP	<b>HOMESTEAD FL</b>	34 CITY, ST, ZIP	
TITLE	<b>T</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRIKLAND, HENRY JR</b>	42 NAME	
STREET ADDRESS	<b>30101 S. DIXIE HWY</b>	43 STREET ADDRESS	
CITY, ST, ZIP	<b>HOMESTEAD FL</b>	44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or Block 14 or on an attachment with an address.

SIGNATURE: *(Signature)*      **GARY BLANCHARD**      **4/21/95**      **(216) 323-4671**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone Number

**SECRETARY**