

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **706124** (5)

1. Corporation Name  
**TAMPA NEW AUTO DEALERS ASSOCIATION, INC.**



Principal Place of Business  
**4907 LYFORD CAY ROAD  
TAMPA FL 33629**

Mailing Address  
**4907 LYFORD CAY ROAD  
TAMPA FL 33629**

3. Date Incorporated or Qualified **09/06/1963** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business  
21 Suite, Apt. #, etc  
22 City & State  
23 Zip Country  
24 Zip Country  
25 Country  
26 Mailing Address  
27 Suite, Apt. #, etc  
28 City & State  
29 Zip Country  
30 Zip Country

4. FEI Number **59-1059589** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**ADAMS, JAMES D.  
7300 W. CAMINO REAL  
SUITE 224  
BOCA RATON FL 33433**

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 **FL**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and Florida agent. (NOTE: Registered Agent's signature required when non-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>ST</b>	11 TITLE	<b>President Elect</b>
NAME	<b>GHIOTO, RALPH</b>	12 NAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>4400 N DALE MABRY HWY TAMPA FL</b>	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	<b>P</b>	21 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ULM, JERRY JR.</b>	22 NAME	<b>Lindell, Carl Jr.</b>
STREET ADDRESS	<b>2966 N DALE MABRY HWY TAMPA FL</b>	23 STREET ADDRESS	<b>3900 W. Kennedy Blvd.</b>
CITY - ST - ZIP		24 CITY - ST - ZIP	<b>Tampa FL</b>
TITLE	<b>D</b>	31 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GOMEZ, EDWARD</b>	32 NAME	<b>Malouf, Tom</b>
STREET ADDRESS	<b>9751 ADAMO DR TAMPA FL</b>	33 STREET ADDRESS	<b>1700 E. Hillsborough Avenue</b>
CITY - ST - ZIP		34 CITY - ST - ZIP	<b>Tampa, FL</b>
TITLE	<b>D</b>	41 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GOMEZ, EDWARD</b>	42 NAME	<b>Reeves, Vivian</b>
STREET ADDRESS	<b>9751 ADAMO DR. TAMPA FL</b>	43 STREET ADDRESS	<b>11333 N. Florida Avenue</b>
CITY - ST - ZIP		44 CITY - ST - ZIP	<b>Tampa, FL</b>
TITLE	<b>V</b>	51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LINDELL, CARL JR.</b>	52 NAME	<b>Wilson, George O. III</b>
STREET ADDRESS	<b>3900 W KENNEDY BLVD. TAMPA FL</b>	53 STREET ADDRESS	<b>4907 Lyford Cay Road</b>
CITY - ST - ZIP		54 CITY - ST - ZIP	<b>Tampa, FL</b>
TITLE	<b>D</b>	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROMANO, JACK</b>	62 NAME	<b>Parks, Ron</b>
STREET ADDRESS	<b>4636 N DALE MABRY HWY TAMPA FL</b>	63 STREET ADDRESS	<b>5804 North Dale Mabry Hwy.</b>
CITY - ST - ZIP		64 CITY - ST - ZIP	<b>Tampa, FL</b>

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)(k), 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: *George O. Wilson III* 2/23/96 813 286-0245  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)