


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 27 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 706124 (5)**

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



Principal Place of Business <b>4907 LYFORD CAY ROAD TAMPA FL 33629</b>	Mailing Address <b>4907 LYFORD CAY ROAD TAMPA FL 33629</b>
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3. Date Incorporated or Qualified <b>09/06/1963</b>	
4. FEI Number <b>59-1059589</b>	Applied For <input type="checkbox"/> Not Applicable

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

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 type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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 relistating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>GHIOTO, RALPH</b>
STREET ADDRESS	<b>4400 N DALE MABRY HWY</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>UNDELL, CARL JR</b>
STREET ADDRESS	<b>11024 N FLORIDA AVE</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>MALOUF, TOM</b>
STREET ADDRESS	<b>1700 E HILLSBOROUGH AVE</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>REEVES, VIVIAN</b>
STREET ADDRESS	<b>11333 N FLORIDA AVE</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>EVP</b> <input type="checkbox"/> DELETE
NAME	<b>WILSON, GEORGE O. III</b>
STREET ADDRESS	<b>4907 LYFORD CAY ROAD</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>ST</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LOVEJOY, BILL</b>
STREET ADDRESS	<b>101 E FLETCHER AVE</b>
CITY-ST-ZIP	<b>TAMPA FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Bill Long</b>
2.3 STREET ADDRESS	<b>11024 N. Florida Avenue</b>
2.4 CITY-ST-ZIP	<b>Tampa FL 33612</b>
3.1 TITLE	<b>VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Ronald Parks</b>
3.3 STREET ADDRESS	<b>5804 N. Dale Mabry Highway</b>
3.4 CITY-ST-ZIP	<b>Tampa FL 33614</b>
4.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Edward Gomez, Jr.</b>
4.3 STREET ADDRESS	<b>9751 Adamo Drive</b>
4.4 CITY-ST-ZIP	<b>Tampa FL 33619</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	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Walt Thatcher</b>
6.3 STREET ADDRESS	<b>5815 N. Dale Mabry Highway</b>
6.4 CITY-ST-ZIP	<b>Tampa FL 33614</b>

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 \_\_\_\_\_ DATE **3/17/98**

CR2E037 (10/97)