

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY -1 AM 8:2

**DOCUMENT # N07858 (6)**  
1. Corporation Name  
**SOUTH FLORIDA MAZDA ADVERTISING ASSOCIATION, INC**

Principal Place of Business Mailing Address  
**% GUNTHER MAZDA**  
**1880 SOUTH STATE RD. #7**  
**FT. LAUDERDALE FL 33317**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/26/1985** 3a. Date of Last Report **04/27/1994**

4. FEI Number **54-2482398** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

**GUNTHER, JAY**  
**% GUNTHER MAZDA**  
**1880 S. STATE RD. 7**  
**FT. LAUDERDALE FL 33317**

10. Name and Address of New Registered Agent

61 Name

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

63

64 City **FL** 65 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 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GUNTER, JAY  
STREET ADDRESS 1880 S ST RD #7  
CITY - ST - ZIP FT LAUDERDALE FL 33317

TITLE TD  
NAME DUGGAN, BOB  
STREET ADDRESS 850 NW LEJEUNE RD.  
CITY - ST - ZIP MIAMI FL 33126

TITLE D  
NAME DANAHY, RICHARD  
STREET ADDRESS 5501 W. SAMPLE RD.  
CITY - ST - ZIP COCONUT CREEK FL 33073

TITLE D  
NAME ACCARDI, EDDIE  
STREET ADDRESS 943 SOUTH FEDERAL HWY.  
CITY - ST - ZIP POMPANO BEACH FL

TITLE D  
NAME ZINN, ROBERT  
STREET ADDRESS 18010 SOUTH DIXIE HWY.  
CITY - ST - ZIP MIAMI FL 33157

TITLE D  
NAME CANAVES, JOE  
STREET ADDRESS 30501 S. FEDERAL HWY.  
CITY - ST - ZIP HOMESTEAD FL 33030

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(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 registrar or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 (above), or in an attachment with an address.

SIGNATURE:  **May 19th 1995** 797 1601

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)