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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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
% GUNTHER MAZDA 1880 SOUTH STATE RD. #7 FT. LAUDERDALE FL 33317

3. Date Incorporated or Qualified 02/26/1985
3a. Date of Last Report 05/01/1996

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 25 29 30
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when relating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	GUNTER, JAY	1.2 NAME	
STREET ADDRESS	1880 S ST RD #7	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33317	1.4 CITY-ST-ZIP	
TITLE	TD	2.1 TITLE	
NAME	DUGGAN, BOB	2.2 NAME	
STREET ADDRESS	850 NW LEJEUNE RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAIMI FL 33126	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	DANAHY, RICHARD	3.2 NAME	
STREET ADDRESS	5501 W. SAMPLE RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL 33073	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	ACCARDI, EDDIE	4.2 NAME	
STREET ADDRESS	943 SOUTH FEDERAL HWY.	4.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	ZINN, ROBERT	5.2 NAME	
STREET ADDRESS	18010 SOUTH DIXIE HWY.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	CANAVES, JOE	6.2 NAME	
STREET ADDRESS	30501 S. FEDERAL HWY.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	6.4 CITY-ST-ZIP	

14. I do 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: [Signature] DATE: 4-21-97 DAYTIME PHONE: 954-797-1660

CR2E037 (9/96)