

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N51259 (2)
1. Corporation Name
GREATER TAMPA BAY AUTOMOBILE DEALERS ASSOCIATION, INC.



Principal Place of Business: 4907 LYFORD CAY RD TAMPA FL 33629 US
Mailing Address: 4907 LYFORD CAY RD TAMPA FL 33629 US

3. Date Incorporated or Qualified: 10/12/1992
3a. Date of Last Report: 04/06/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number	Applied For				
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	\$8.75 Additional Fee Required				
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
24	Zip	25	Country	29	Zip	30	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
ADAMS, JAMES D % LAW OFFICE OF JAMES D ADAMS 7300 W CAMINO REAL #224 BOCA RATON FL 33433-9984				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	MUELLER RON	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	S/T	Ken Marks, Jr.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		13525 US HWY 19 NORTH		1.2 NAME		24825 US Hwy 19 North	
STREET ADDRESS		CLEARWATER FL		1.3 STREET ADDRESS		Clearwater FL	
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	VST	PARKS RONALD	<input type="checkbox"/> DELETE	2.1 TITLE	P		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10505 N FLORIDA AVE		2.2 NAME			
STREET ADDRESS		TAMPA FL		2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE	D	RENNIE, HUGH	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	D	Mark Belviso	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		333 N 38 AVE		3.2 NAME		2339 Gulf to Bay Blvd	
STREET ADDRESS		ST PETERSBURG FL		3.3 STREET ADDRESS		Clearwater, FL	
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE	D	ULM, JERRY J	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	Terry Hawkins	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2966 N DALE MABRY HWY		4.2 NAME		5151 34th Street North	
STREET ADDRESS		TAMPA FL		4.3 STREET ADDRESS		St. Petersburg FL	
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE	D	LEO, AL	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	ED	George O. Wilson III	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		9400 US 19 N		5.2 NAME		4907 Lyford Cay Road	
STREET ADDRESS		PINELLAS PARK FL		5.3 STREET ADDRESS		Tampa, FL 33629	
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE	D	CARLILE, STEVE	<input type="checkbox"/> DELETE	6.1 TITLE	VP	Steven Carlisle	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2085 GULF TO BAY		6.2 NAME			
STREET ADDRESS		CLEARWATER FL		6.3 STREET ADDRESS			
CITY-ST-ZIP				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 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 Date: April 28 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #: 813-286-0245

CR2E037 (12/95)