


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

**FILED**

**Apr 03 1997 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N51259 (2)**

1. Corporation Name  
**GREATER TAMPA BAY AUTOMOBILE DEALERS ASSOCIATION, INC.**



Principal Place of Business <b>4907 LYFORD CAY RD TAMPA FL 33629 US</b>	Mailing Address <b>4907 LYFORD CAY RD TAMPA FL 33629-4828 US</b>
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3. Date incorporated or Qualified <b>10/12/1992</b>	3a. Date of Last Report <b>05/01/1996</b>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25

4. FEI Number <b>59-3148462</b>	Applied For <input type="checkbox"/> Not Applicable
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>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**ADAMS, JAMES D  
% LAW OFFICE OF JAMES D ADAMS  
7300 W CAMINO REAL #224  
BOCA RATON FL 33433-9984**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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 <b>ST</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>ST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MARKS, JR K</b>		1.2 NAME <b>Ralph Ghioto, III</b>	
STREET ADDRESS <b>24825 US HWY 19 NORTH</b>		1.3 STREET ADDRESS <b>4400 N. Dale Mabry Hwy.</b>	
CITY-ST-ZIP <b>CLEARWATER FL</b>		1.4 CITY-ST-ZIP <b>Tampa, FL 33614</b>	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>PARKS RONALD</b>		2.2 NAME <b>Bill Lovejoy</b>	
STREET ADDRESS <b>10505 N FLORIDA AVE</b>		2.3 STREET ADDRESS <b>101 E. Fletcher Avenue</b>	
CITY-ST-ZIP <b>TAMPA FL</b>		2.4 CITY-ST-ZIP <b>Tampa, FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BELVISO, MARK</b>		3.2 NAME	
STREET ADDRESS <b>2339 GULF TO BAY BLVD</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>CLEARWATER F</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HAWKINS, TERRY</b>		4.2 NAME <b>Bill Long</b>	
STREET ADDRESS <b>5151 34TH STREET NORTH</b>		4.3 STREET ADDRESS <b>11024 N. Florida Avenue</b>	
CITY-ST-ZIP <b>ST. PETERSBURG FL</b>		4.4 CITY-ST-ZIP <b>Tampa, FL 33612</b>	
TITLE <b>ED</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WILSON III, GEORGE O</b>		5.2 NAME <b>Mark Carlson</b>	
STREET ADDRESS <b>4907 LYFORD CAY ROAD</b>		5.3 STREET ADDRESS <b>19400 US Hyw 19 N.</b>	
CITY-ST-ZIP <b>TAMPA FL</b>		5.4 CITY-ST-ZIP <b>Clearwater, FL</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	6.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>CARLISSE, STEVEN</b>		6.2 NAME <b>Al Leo</b>	
STREET ADDRESS <b>2085 GULF TO BAY</b>		6.3 STREET ADDRESS <b>9400 US Hyw 19 N.</b>	
CITY-ST-ZIP <b>CLEARWATER FL</b>		6.4 CITY-ST-ZIP <b>Pinellas Park, FL</b>	

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: George O. Wilton **8/27/97** **813-286-0295**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0048847

CR2E037 (9/96)