

FILE NOW: FILING FEE IS \$61.25

FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 4907 LYFORD CAY RD TAMPA FL 33629 US	Mailing Address 4907 LYFORD CAY RD TAMPA FL 33629 US
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3. Date Incorporated or Qualified
10/12/1992

4. FEI Number
59-3148462

Applied For	
Not Applicable	<input checked="" type="checkbox"/>

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
Zip 29	Country 30

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes 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	
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 resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE ST	GHOTO, RALPH III	1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS	4400 N DALE MABRY HWY	1.3 STREET ADDRESS	JERRY QUINLAN
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	15005 U.S. Highway 19 N. Clearwater FL.
TITLE P	PARKS RONALD	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS	10505 N FLORIDA AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	
TITLE VP	BELVISO, MARK	3.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS	2339 GULF TO BAY BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER F	3.4 CITY-ST-ZIP	
TITLE D	HAWKINS, TERRY	4.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	William Douglas
STREET ADDRESS	5151 34TH STREET NORTH	4.3 STREET ADDRESS	2500 34th St. N.
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	St Petersburg FL
TITLE ED	WILSON III, GEORGE O	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS	4907 LYFORD CAY ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP	
TITLE D	LEO, AL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS	9400 US HWY 19 N	6.3 STREET ADDRESS	
CITY-ST-ZIP	PINELLAS PARK FL	6.4 CITY-ST-ZIP	

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: *Thomas W. Nelson* 4/28/98 813-286-0245

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