

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # 746265 (8)**

1. Corporation Name

**MERCEDES-BENZ CLUB OF AMERICA, INC. TAMPA BAY SE
CTION**

Principal Place of Business

**LINDA B. COOPER
121 WOODLAND COURT
SAFETY HARBOR FL 34695
US**

Mailing Address

**LINDA B. COOPER
121 WOODLAND COURT
SAFETY HARBOR FL 34695-5038
US**3. Date Incorporated or Qualified
03/16/19793a. Date of Last Report
03/27/19964. FEI Number
NOT APPLICABLEApplied For
☐ Not Applicable5. 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

2. Principal Place of Business

**21 NORMAN STUCK
Suite, Apt. #, etc.
22 1658 S. HILLCREST AVE**City & State
23 CLEARWATER, FLZip Country
24 34616 PINELLAS

2a. Mailing Address

**26 NORMAN STUCK
Suite, Apt. #, etc.
27 1658 S. HILLCREST AVE**City & State
28 CLEARWATER, FLZip Country
29 34616 PINELLAS

9. Name and Address of Current Registered Agent

**COOPER, LINDA B
121 WOODLAND COURT
SAFETY HARBOR FL 34695**

10. Name and Address of New Registered Agent

**81 Name NORMAN STUCK
82 Street Address (P.O. Box Numbers Not Acceptable)
1658 S. HILLCREST AVE
83
84 City CLEARWATER FL 85 Zip Code 34616**

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

*Norman J. Stuck***NORMAN J. STUCK****5/10/97**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

**12. TITLE PD
NAME COOPER, LINDA B
STREET ADDRESS 121 WOODLAND COURT
CITY-ST-ZIP SAFETY HARBOR FL****TITLE TD
NAME STUCK, NORMAN
STREET ADDRESS 1658 S. HILLCREST AVE.
CITY-ST-ZIP CLEARWATER FL 34616****TITLE SD
NAME MOORE, BOB
STREET ADDRESS 301 2ND STREET N. VILLA #17
CITY-ST-ZIP ST. PETERSBURG FL 33701****TITLE VD
NAME ROGERS, HOWARD M.
STREET ADDRESS 4144 PERRY PLACE
CITY-ST-ZIP NEW PORT RICHEY FL****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP****TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**13. 1.1 TITLE PD HOWARD, ROGERS M.
1.2 NAME
1.3 STREET ADDRESS 4144 PERRY PLACE
1.4 CITY-ST-ZIP NEW PORT RICHEY, FL****2.1 TITLE TD NORMAN STUCK
2.2 NAME
2.3 STREET ADDRESS 1658 S. HILLCREST AVE
2.4 CITY-ST-ZIP CLEARWATER, FL 34616****3.1 TITLE SD CARL CLOUS J.
3.2 NAME
3.3 STREET ADDRESS 4125 PARK N.
3.4 CITY-ST-ZIP ST. PETERSBURG, FL 33710****4.1 TITLE VD RON WATSON
4.2 NAME
4.3 STREET ADDRESS 5327 DENVER NE
4.4 CITY-ST-ZIP ST. PETERSBURG, FL 33702****5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP****6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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

*Norman J. Stuck**Stuck***412-411-2265**

CR2E037 (9/96)