FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 PM 3:52

DOCUMENT # **G25264** **(4)**

1. Corporation Name
BAY AREA MAZDA DEALERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
11025 N FLORIDA AVE TAMPA FL 33612	11025 N FLORIDA AVE TAMPA FL 33612

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / Country 25
2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

3. Date Incorporated or Qualified: 02/23/~~1990~~ 1993
3a. Date of Last Report: 09/01/1994
4. FEI Number: ~~59-2454735~~ 59-3192643 ☐ 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

LEV, MARTIN
11025 N FLORIDA AVE
TAMPA FL 33612

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ____ Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	~~GILES, BEN~~ Linoell, Carl
STREET ADDRESS	3300 TYRONE BLVD.
CITY ST ZIP	ST. PETERSBURG FL
TITLE	ST
NAME	LEV, MARTIN
STREET ADDRESS	11025 N. FLORIDA AVENUE
CITY ST ZIP	TAMPA FL
TITLE	PD
NAME	THOMAS, JAMES
STREET ADDRESS	21154 US HWY 19 N
CITY ST ZIP	CLEARWATER FL
TITLE	D
NAME	DOCKERY, ROBERT J.
STREET ADDRESS	6700 S TAMIAMI TR
CITY ST ZIP	SARASOTA FL
TITLE	D
NAME	ADAMS, STEPHEN R.
STREET ADDRESS	1500 W MEMORIAL BLVD
CITY ST ZIP	LAKELAND FL
TITLE	D
NAME	WOOLEY, JEFF
STREET ADDRESS	9208 ADOMO DR
CITY ST ZIP	TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		☐ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY ST ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 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(1)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] MARTIN L LEV
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-21-95 — Date
813 937-5500 — Daytime Phone #

0296913 CP