## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K57591

(5)

STADIUM TOYOTA, INC.

14. I do hereby cortify that the information information indicated on this annual. I am an officer or director of the cortiform in Block 12 or Block 13 or

SIGNATURE:

t nochbarrias	C Of Citalinesis	Maining Address	Maining Address							
5088 N DALE MABRY TAMPA FL 33614		5088 N DALE MABRY TAMPA FL 33614-6543								
					3. Date Incorporated or Qualified 01/11/1989	3a. Date of Last Report 03/20/1996				
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	· <del></del>	A	pplied For	
<u></u>		26				59-2927112		N-	ot Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	100		Additional equired	
City & Stat	CC	City & State	City & State			6. Election Campaign Financing	·			
3	· · · · · · · · · · · · · · · · · · ·	28				Trust Fund Contribution				
- Ζιρ "T				Country			as liability for intengible tax under s. 199.032,			
25 29 29 9. Name and Address of Current Registe			ared Agent			Florida Statutes VY Yes No 10. Name and Address of New Registered Agent				
PAR	KS, RONALD R	otte fiegiologo Agont		81	Name	10. 110110 0110 11010 0101	,			
	8 N. DALE MABRY							<del> </del>		
	IPA FL 33614			82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)			
				83	-144-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-					
				84	City		FL	<b>85</b> Zip	Code	
agent La	em familiar with, and accept the oblination for the oblination of the state of the oblination of the o	igations of, Section 607.0505,	Florida Stat IOTE Registerer	tutes	i.	ion's board of directors. I hereby accepted when reinstating)	DATE			
12.	OFFICERS A	ND DIRECTORS	13.		<del></del>	ADDITIONS/CHANGES TO OFFIC				
TELE	PARKS, JACK W.	☐ DELETE	1.1 Ti					Change	Addition	
NAME CEDEST - DESCRIP	5088 N DALE MABRY		1.2 N/		TO ODECC					
STREET ADDRESS: DITY - ST - ZIP	TAMPA FL			INEE I . ITY - \$1	ADDRESS TO THE					
TELE	DVST	DELETE	2.1 Tf		1.2"			☐ Change	Addition	
NAME	PARKS, RONALD R.		2.2 N/	AME						
STREET ADORESS	5088 N DALE MABRY		2.3 \$1	TREET.	ADDRESS					
CHY-S1-ZIP	TAMPA FL		2.40	TY-S	T - ZIP					
TITLE	DV	☐ DELETE	3.1 TI	TLE				L Change	Addition	
NAME	COUEY, STEVEN W.		3 2 N/							
STREET ADORESS	5088 N DALE MABRY   TAMPA FL				ADDRESS					
CITY - ST - ZIP TITLE	IAMENTE	DELETE	3.4. C	HTY-S	iT - ZiP			Change	Addition	
NAME			4.2 N					Chiange		
STREET ADURESS			<b>i</b>	_	ADDRESS					
CITY-ST ZIF				ITY - \$1	l l					
TITLE		DELETE	5.1 TI					Change	☐ Addition	
NAME			5.2 N	AME						
STREET ADDRESS			5.3 \$3	TREET	ADDRESS					
CITY - ST - ZIF			5.4 CI	ITY - S	T-ZIP					
TITLE		☐ DELETE	6.1 TI	TLE				Change	Addition	
NAMé			6.2 N							
STREET ADDRESS			6.3 S	TREET	ADDRESS					

supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the port or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that ration or the receiver true are empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name