

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N07858 (6)
1. Corporation Name
SOUTH FLORIDA MAZDA ADVERTISING ASSOCIATION, INC



Principal Place of Business
**% GUNTHER MAZDA
1880 SOUTH STATE RD. #7
FT. LAUDERDALE FL 33317**

Mailing Address
**% GUNTHER MAZDA
1880 SOUTH STATE RD. #7
FT. LAUDERDALE FL 33317**

3. Date Incorporated or Qualified
02/26/1985

3a. Date of Last Report
05/01/1995

4. FEI Number
54-2482398

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 **25**

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 **30**

9. Name and Address of Current Registered Agent

**GUNTHER, JAY
% GUNTHER MAZDA
1880 S. STATE RD. 7
FT. LAUDERDALE FL 33317**

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

Signature, typed or printed name of registered agent and 5 to 4 applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GUNTER, JAY	
STREET ADDRESS	1880 S ST RD #7	
CITY-ST-ZIP	FT LAUDERDALE FL 33317	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DUGGAN, BOB	
STREET ADDRESS	850 NW LEJEUNE RD.	
CITY-ST-ZIP	MAIMI FL 33126	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DANAHY, RICHARD	
STREET ADDRESS	5501 W. SAMPLE RD.	
CITY-ST-ZIP	COCONUT CREEK FL 33073	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ACCARDI, EDDIE	
STREET ADDRESS	943 SOUTH FEDERAL HWY.	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZINN, ROBERT	
STREET ADDRESS	18010 SOUTH DIXIE HWY.	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CANAVES, JOE	
STREET ADDRESS	30501 S. FEDERAL HWY.	
CITY-ST-ZIP	HOMESTEAD FL 33030	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)