
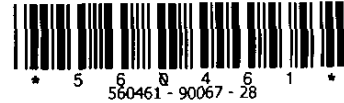


FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90133 025 ****61.25

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|--|--|---|--|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # N13165 1. Corporation Name TAMPA BAY MITSUBISHI DEALERS ADVERTISING ASSOCIATION, INC. | | | | | |
| Principal Place of Business 3800 W. HILLSBOROUGH TAMPA FL 33614 | | | Mailing Address 21699 US HWY 19 N PO BOX 8167 CLEARWATER FL 34625 US | | |



| | | | | | |
|---|--|------------------------|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 01/23/1986 | |
| 22 City & State | | 27 City & State | | 4. FEI Number 65-0238023 | |
| 23 Zip | | 28 Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 Country | | 29 Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| BETTS, JAMES R. EQ. FOWLER WHITE ET AL 501 E KENNEDY BLVD STE 1700 TAMPA FL 33602 | | | | 81 Name BURTON E MURPHY 82 Street Address (P.O. Box Number is Not Acceptable) 101 E. Kennedy Blvd Suite 1165 83 TAMPA 84 City FL 85 Zip Code 33602 | |
| 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 _____ DATE _____ | | | | | |

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|---------------|
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| PD | WOOLEY, J. I. | V | WOOLEY, J. I. |
| STREET ADDRESS | 3800 W. HILLSBOROUGH AVE | 1.3 STREET ADDRESS | same |
| CITY-ST-ZIP | TAMPA FL | 1.4 CITY-ST-ZIP | |
| TITLE | NAME | 2.1 TITLE | 2.2 NAME |
| PD | FINK, SCOTT | P | FINK, SCOTT |
| STREET ADDRESS | 21699 U.S. HWY 19 NORTH | 2.3 STREET ADDRESS | same |
| CITY-ST-ZIP | CLEARWATER FL | 2.4 CITY-ST-ZIP | |
| TITLE | NAME | 3.1 TITLE | 3.2 NAME |
| D | HAWKINS, TERI | D | HAWKINS, TERI |
| STREET ADDRESS | 5326 34TH STREET N. | 3.3 STREET ADDRESS | same |
| CITY-ST-ZIP | ST. PETERSBURG FL | 3.4 CITY-ST-ZIP | |
| TITLE | NAME | 4.1 TITLE | 4.2 NAME |
| | | | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | NAME | 5.1 TITLE | 5.2 NAME |
| | | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | NAME | 6.1 TITLE | 6.2 NAME |
| | | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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, with all other like empowered.

SIGNATURE: _____

NOT REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Daytime Phone # _____

CR2E037 (1/98)