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Apr 30 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N35745

(1)

1. Corporation Name

CENTRAL FLORIDA MAZDA DEALERS, INC.



Principal Place of Business

Mailing Address

C/O WILLIAM D. BROWN
6239 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32809C/O WILLIAM D. BROWN
6239 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32809-46113. Date Incorporated or Qualified
12/20/19893a. Date of Last Report
04/15/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
59-2991478Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, WILLIAM D.
% BILL BROWN MADZA
6239 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO FL 32809

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRYAN, JAMES B. IV	
STREET ADDRESS	3115 W. UNIVERSITY	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	HIERS, A.J.	
STREET ADDRESS	880 SOUTH APOLLO BLVE.	
CITY - ST - ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERT LLOYD	
STREET ADDRESS	1700 MASON AVENUE	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BROWN, WILLIAM D.	
STREET ADDRESS	6239 S. ORANGE BLSM. TR.	
CITY - ST - ZIP	ORLANDO FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DECHIARO, FRANK	
STREET ADDRESS	5425 SOUTH HIGHWAY 441	
CITY - ST - ZIP	LEESBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRYAN, JIMMY III	
STREET ADDRESS	400 NORTH HIGHWAY 17-92	
CITY - ST - ZIP	LONGWOOD FL	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JIMMY BRYAN III	
1.3 STREET ADDRESS	3115 W. UNIVERSITY	
1.4 CITY - ST - ZIP	WINTER PARK, FL, 32792	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	JOE NOLLETTE	
5.3 STREET ADDRESS	9007 SOUTH HIGHWAY 441	
5.4 CITY - ST - ZIP	LEESBURG, FL 34789	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CORY FAIRBANKS	
6.3 STREET ADDRESS	400 NORTH HIGHWAY 17-92	
6.4 CITY - ST - ZIP	LONGWOOD, FL 32750	

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: *Wm D Brown* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-97

407-851-8510

Date

Daytime Phone # 0017007

CR2E037 (9/96)