

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 # N93000000872 (2)
1. Corporation Name
SOUTHWEST FLORIDA SUZUKI ASSOCIATION, INC.



Principal Place of Business 1075 ROYAL PALM DR 2647 MICHIGAN AVE NAPLES FL 33940 US		Mailing Address 1075 ROYAL PALM DR 2647 MICHIGAN AVE NAPLES FL 33940 US		3. Date Incorporated or Qualified 03/12/1993	3a. Date of Last Report 05/01/1995
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0397857		Applied For Not Applicable	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CHOSY, LISA 1075 ROYAL PALM DR NAPLES FL 33940				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
				FL		B5 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELLER, LISA		1.2 NAME				
STREET ADDRESS	1075 ROYAL PALM DR		1.3 STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP				
TITLE	DV	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director, Vice Pres.	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	HOFFMAN, CHRISTINE		2.2 NAME	Lisa Mattson			
STREET ADDRESS	18433 RICCARDO RD.		2.3 STREET ADDRESS	1400 Pompei Lane #34			
CITY-ST-ZIP	FT. MYERS FL		2.4 CITY-ST-ZIP	Naples, FL 33940			
TITLE	DS	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	GRIFFITH, KARA		3.2 NAME	Karen Magin			
STREET ADDRESS	2647 MICHIGAN AVE		3.3 STREET ADDRESS	1701-a Parkmeadows Dr.			
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP	FT MYERS FL 33			
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	Director, Treas.	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LEVY, JUDY M		4.2 NAME	XXXXXXXXXX			
STREET ADDRESS	6020 26TH AVE., S.W.		4.3 STREET ADDRESS				
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			5.2 NAME	Cornell Martha Miller			
STREET ADDR			5.3 STREET ADDRESS	5561 Odath Ave. N.			
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Naples FL 33963			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	Director	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME	Karsen Debbie			
CITY-ST-ZIP			6.3 STREET ADDRESS	4642 Chippendale Dr.			
			6.4 CITY-ST-ZIP	Naples FL 33962			

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 unchanged, or on an attachment with an address.

SIGNATURE: Judy M. Levy Judy M. Levy Date: 5/1/96 941-262-4513 407-9
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)