## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEFARTMENT/OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

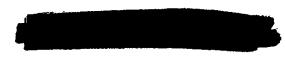
1997 DOCUMENT #N93000000896

Bay Area Mazda Dealers Advertising Association, Inc.

Principal Place of Business

Mailing Address

## **FILED** Jun 17 1997 8:00am Secretary of State



	J.S. Highway 19 N	21154 U.S. HIg					
Clearwater, FL 34625 Clearwater, FL 34625				1			
				3. Date incorporated or Qualified 3a. Date of Last Report			
the control of the second second				02/23/93	08/05/96		
2. Principal Pi	ace of Business	2s. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Ap	plied For	
405 Eighth Avenue West 26 405 Eighth Ave			enue West	59-3192643	No	Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75		
22 27				- Ostanosto di Otatos Desired	Fee Re	rquired	
City & State		City & State		6. Election Campaign Financing	\$5.00		
Palmetto, FL		28 Palmetto, FL Zip Country		Trust Fund Contribution	Acded		
Zip 24 34221	Country	Zip Country 8. This corporation has liability for intangible tax under s. 199.032.  29 34221 30 Yes 🔀 No				. 199.032,	
4 24551	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
81 Name							
Thomas, James Fen				imore. Danie			
1 21154 U.S. Highway 19 N				Street Address (P.O. Box Number is Not Acceptable)			
Clearwater, FL 34625							
			84 City		FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 617,0502	and 617.1508. Florida Statute	s, the above-named	netto			
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 (amiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
11/29/97							
SIGNATURE	Bignature, typed or printed name of registered agent	and little of applicable. (NOTE	Registered Agent signature	Pequired when re-instating)	DATE	<del></del>	
12.	OFFICERS AND DIRECTORS 13			ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	14 1	
TITLE	PD	X) DELETE	1.1 TITLE	TD	☐ Change	X Addition	
NAME	Thomas, James		1.2 NAME	Fenimore, Daniel			
STREET ADDRESS	21154 U.S. Highway 1	9 N.	1.3 STREET ADDRESS	405 Eighth Avenue West			
CITY-ST-ZIP	Clearwater, FL 3462		1.4 CITY-ST-ZIP	Palmetto, FL 34221			
TITLE	ัช	DELETE	2.1 TITLE	D	☐ Change	Addition	
NAME	Dockery, Robert J.		2.2 NAME	Heinz, William		ļ	
STREET ADDRESS	6700 S Tamiami Trail	_	2.3 STREET ADDRESS	11025 N. Florida Avenue	9		
CRY-ST-ZP	Sarasota, FL 34231		2. 4 CITY - ST-ZIP	Tampa, FL 33612			
TITLE	D	DELETE	3.1 TITLE	D	Change	XI Addition	
NUME	Adams, Stephen R.	13	3.2 NAME	Reardon, Steven A.		ľ	
STREET ADOMESS	1500 W. Memorial Box	itevard	3.3 STREET ADDRESS	10133 U.S. Highway 19			
CITY-ST-ZIP	Lakeland, FL 33801	L J DECEMBE	8.4. CITY-ST-ZIP	Port Richey, FL 34668	<del></del>	7 2200	
TITLE	D	DELETE	4.1 TITLE	ļ	Change	Addition	
TOWE	Wooley, Jeff		4.2 NAME				
STREET ADDRESS	9208 Adamo Drive		4.3 STREET ADDRESS			l	
CITY-ST-ZIP	Tampa, FL 33619	XI DELETE	4.4 CITY - ST - ZIP			1	
TITLE	D	TW DEFEIF	5.1 TITLE		Change	Addition	
NAME	Salhany, Ron   10133 U.S. Highway	ı a	5.2 NAME	70000221 -06/18/970106	യയിലി ക് 7ന9ന		
STREET ADDRESS			5.3 STREET ADDRESS		(	l	
CITY - ST-ZIP	Port Richey, FL 346	DELETÉ	5 4 CITY - ST - ZIP	***61.25	T 3	11222	
TITLE	D Thornton Pov	ריין הברבוב	6.1 TITLE	<u> </u>	Change	Addition	
NAME	Thornton, Roy 3530 Bee Ridge Road		6.2 NAME		1	09	
STREET ADDRESS	Sarasota, FL 34239		6.3 STREET ADDRESS		-	117/97	
CITY-ST-ZIP	Dalabuca, FD 34237		6.4 CITY - ST - ZIP			40107	

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 of 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 exact ment with an address.

(941)729-3834