NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

N9300001463 (9)

WEST PALM BEACH MAZDA DEALERS ADVERTISING ASSOCIATION, INC.

Principal Place of Business Mailing Address

C/O DELRAY MAZDA

2001 S. FEDEDAL HWY
DELRAY BEACH FL 33483

Mailing Address

C/O DELRAY MAZDA

2001 S. FEDEDAL HWY
DELRAY BEACH FL 33483



		DELRAY BEACH FL 33483					
generi generit eviev		Section Senson resources		3. Date Incorporated or Qualified 03/31/1993	3a. Date of La 02/28/	st Report <b>1995</b>	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	<del>'</del>	Applied For	
21 C./D	O JUPITER MAZOA 26 C/O JUPITER		MAZDA	65-0404898	<u> </u>	Not Applicable	
Suite, Apt. #, etc. Suite. Apt. #, etc.			E. Codificate of Status Decined	<u> </u>	5 Additional		
22 1555	WEST INDIANTOWN ROAD	27 1555 WEST IN	IDIANTOWN RO	5. Certificate of Status Desired	□ Fe	e Required	
	City & State City & State			6. Election Campaign Financing	\$5.	00 May Be	
23 JUP	ITER, FL	28 Jupiter, F	<u>.</u> L	Trust Fund Contribution	Add	led to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for		s. 199.032,	
24 33	458 25	29 33458 30	0		Yes 🔀 No		
9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent  81 Name							
				ANTHONY MARIND		!	
MERRIM/			62 Street Address (P.O. Box Number is Not Acceptable)				
C/O DELRAY MAZDA			C/O JUPITER MAZDA				
2001 S.FEDERAL HWY				1555 WEST INDIANTOWN ROAD			
DELRAY BEACH FL 33483						Zio Code	
			84 City	JUPITER	FL  °°;	Zip Code 33458	
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							
11. Pursuant to the provisions of sections of 7.0502 and 617.1502 horized office or registered agent, or both, in the State of Florida. Such clumps was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the objections of, Section 617.0503, Florida Statutes.							
SIGNATURE Signature, typed or printed ranfe of egistered agent and title if applicable. (NOTE: Registered Agent signature regulred when re-installing).  DATE							
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF		ORS IN 12	
TITLE	PD	MOELETE	1.1 TITLE	Ь .	☐ Change	Addition \$	
NAME	ROBINOVITZ, ALAN H	_	1.2 NAME	HOGE, KEVIN			
STREET ADDRESS	999 U.S. 1		1.3 STREET ADDRESS	2001 SOUTH FEDERAL HIGH	1WAY	[2]	
CITY-ST-ZIP	VERO BEACH FL 32964		1.4 City-St-ZiP	DELRAY BEACH, FL 33		l n	
TITLE	TD	<b>⊠</b> DELETE	21 TITLE	Decky Concr. / 1 = 33	☐ Chang-	Addition C	
NAME	MERRIMAN, T J		22 NAME	•	V		
STREET ADDRESS	2001 S. FEDERAL HWY. DELRAY MAZDA DELRAY BEACH FL 33483		2 3 STREET ADDRESS				
CITY-ST-ZIP			2 4 City-St-Zip				
TITLE	D	DELETE	3.1 TITLE		☐ Chang-	Addition	
NAME	STEWART, EARL D	<b>—</b>	3.2 NAME				
STREET ADDRESS	1929 SOUTH DIXIE HIGHWAY		3.3 STREET ADDRESS				
CITY-SI-ZIP	WEST PALM BEACH FL 33401		3.4. CITY-ST-ZIP				
TITLE	D	DELETE	4.1 TITLE		☐ Chang-	: Addition	
NAME	FISCHER, BILL	_	4. 2 NAME		•	_	
STREET ADDRESS							
	3555 Southeast Federal Hi	GHWAY	4.3 STREET ADDRESS				
1	3555 SOUTHEAST FEDERAL HI STUART FL 34997	GHWAY	4.3 STREET ADDRESS				
CITY-ST-ZIP	3555 SOUTHEAST FEDERAL HI STUART FL 34997 D		4.4 CITY-ST-ZIP	TD	Chano:	Addition	
CITY-ST-ZIP TITLE	STUART FL 34997 D	GHWAY DELETE	4.4 CITY-ST-ZIP 5.1 TITLE	ть	<b>⊠</b> Change	e Addition	
CITY-ST-ZIP TITLE NAME	STUART FL 34997	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	TD	<b>⊠</b> Chang	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS	STUART FL 34997 D MARINO, ANTHONY 1555 WEST INDIANTOWN ROA	DELETE	4.4 DITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	TD	<b>∑</b> Chang•	Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	STUART FL 34997 D MARINO, ANTHONY	□ DELETE D	4.4 City-St-Zip 5.1 Tifle 5.2 Name 5.3 Street address 5.4 City-St-Zip	ТЬ			
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CITY-SI-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	STUART FL 34997 D MARINO, ANTHONY 1555 WEST INDIANTOWN ROA	□ DELETE D	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	TD			
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	STUART FL 34997 D MARINO, ANTHONY 1555 WEST INDIANTOWN ROA	□ DELETE D	4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	TD			

• I on nereby certify that the information supplied with this filling is voluntarily turnished 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:

GRATURE AND TYPED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

96 407-743-0411 ate Dayling Prove #