

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N93000001463(9)

1. Corporation Name

West Palm Beach Mazda Dealers Advertising Association

Principal Place of Business
c/o Jupiter Mazda
1555 West Indiantown Road
Jupiter, FL 33458

Mailing Address
c/o Jupiter Mazda
1555 West Indiantown Road
Jupiter, FL 33458

3. Date Incorporated or Qualified 03/31/93	3a. Date of Last Report 04/26/96
4. FEI Number 65-0404898	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent
Anthony Marino
c/o Jupiter Mazda
1555 West Indiantown Road
Jupiter, FL 33458

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL 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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	Robinovitz, Alan H.
STREET ADDRESS	999 U.S. 1
CITY-ST-ZIP	Vero Beach, FL 32964
TITLE	D <input type="checkbox"/> DELETE
NAME	Stewart, Earl D.
STREET ADDRESS	1929 South Dixie Highway
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	D <input type="checkbox"/> DELETE
NAME	Fischer, Bill
STREET ADDRESS	3555 Southeast Federal Highway
CITY-ST-ZIP	Stuart, FL 34997
TITLE	TD <input type="checkbox"/> DELETE
NAME	Marino, Anthony
STREET ADDRESS	1555 West Indiantown Road
CITY-ST-ZIP	Jupiter, FL 33458
TITLE	D <input type="checkbox"/> DELETE
NAME	Hoge, Kevin
STREET ADDRESS	2001 South Federal Highway
CITY-ST-ZIP	Delray Beach, FL 33483
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii), 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:

Anthony Marino Anthony MARINO, TREASURER 4-28-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 8012200