

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **N97000000088 (1)**

1. Corporation Name

**SUNCOAST GMC DEALERS ADVERTISING GROUP, INC.**



Principal Place of Business

Mailing Address

**30777 US HIGHWAY 19  
PALM HARBOR FL 34684**

**3500 COMANCHE N.E.  
BLDG E  
ALBUQUERQUE NM 87107**

3. Date Incorporated or Qualified

**01/07/1997**

4. FEI Number

**59-3434250**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc. **26** **500 MARQUETTE NW**

**22** City & State **27** **SUITE 400**

**23** Zip **25** Country **28** **ALBUQUERQUE, NM 87102** **30** Country

**24** **87102** **29** **87102**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WATTS-FITZGERALD, ABIGAIL C  
200 SOUTH BISCAYN BLVD  
SUITE 4100  
MIAMI FL 33131-2398**

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 relistening)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE  
NAME **NORRIS, DOUG**  
STREET ADDRESS **30777 US HIGHWAY 19**  
CITY-ST-ZIP **PALM HARBOR FL 34684**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **RIVARD, ROGER**  
STREET ADDRESS **9740 ADAMO DRIVE**  
CITY-ST-ZIP **TAMPA FL 34613**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **TREASURER**  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **HARRIS, WES**  
STREET ADDRESS **15164 CORTES BLVD**  
CITY-ST-ZIP **BROOKSVILLE FL 34813**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **SENN, JACK**  
STREET ADDRESS **10133 US HWY 19**  
CITY-ST-ZIP **PORT RICHEY FL 34688**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MCDONALD, SANDY**  
STREET ADDRESS **3800 W. HILLSBOROUGH**  
CITY-ST-ZIP **TAMPA FL 33614**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME **PRESIDENT**  
6.3 STREET ADDRESS **HAVENS, STEVE**  
6.4 CITY-ST-ZIP **5237 34th STREET NORTH**  
**ST. PETERSBURG, FL 33714**

14. I 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: **STEVE HAVENS**

(505) 222-3534

CR2E037 (1097)