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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #

P95000083094 (9)

SOUTHERN FLORIDA BMW DEALERS ADVERTISING ASSOCIA TION, INC.



2699 STIRL	ce of Business LING ROAD SUITE B206 DEROALE FL 33312	Mailing Address  2699 STIRLING ROAD SUITE B206 FORT LAUDERDALE FL 33312		I IBBAKODE NO IDION DENIE BOEN BONIN BONIN BONIN BENIN OF AND AND CHAIN BONIN BONIN BONIN BONIN BONIN B 				
					Date Incorporated or Qualified     10/26/1995	3a. Date	of Last Re	port
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	<u></u>	A A	pplied For	
Suite, Apt	# ata	26				fh	[ N	ot Applicable
22		Suite, Apt. #, etc.		<b>.</b>	5. Certificate of Status Desired			Additional equired
City & Sta		Oty & State 28			Election Campaign Financing     Trust Fund Contribution		Added	May Be to Fees
Zip	Country	Ζφ	Country		8. This corporation has liability for		under s	199.032,
24	25	29	30	<del></del>		s 🗌 No		
	9. Name and Address of Curren	i Hegistered Agent		T 11.	10. Name and Address of New !	Registered A	gent	
661144	AL BOULE		81	Name				
	N, RONALD		82	Street Addr	ess (P.O. Box Number is Not Accepta	ble;		
	STIRLING ROAD SUITE B206							
FOHI	LAUDERDALE FL 33312		83					
			84	City			85 Zp	Code
** 0	to the provisions of Sections 607.0502		ا لم	,		FL	11 - '	
SIGNATURE	Signature, tyred or photodica no of registered agent a	n UI VICE				(0// 2	120	>
<b>12.</b>	OFFICERS AND	DIRECTORS	13.	it Signature respuises	d when renistating: ADDITIONS/CHANGES TO OFF			
THLE	OFFICERS AND		13.	it Signiature respictes			DIRECTOR Change	IS IN 12
THLE NAME	D BUTTAFUCCO, RICHARD	DIRECTORS	13. 1 1 TITLE 1 2 NAME					
THLE NAME STREET ADDRESS	D BUTTAFUCCO, RICHARD 16165 S DIXIE HIGHWAY	DIRECTORS	13. 1 1 TITLE 1 2 NAME 1 3 STREET	ADDRESS				
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I do hereby certify that the information supplied with this firing is voluntarily furnished and does not quairly 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment an officer. INATURE AND TYPES OF PENTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE:** 

Daytore Phase #