


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000016212 (8)					
1. Corporation Name CONTEMPORARY MOTOR ASSOCIATION, INC.					
Principal Place of Business 10242 N.W. 47 STREET SUITE 45 SUNRISE FL 33351			Mailing Address 10242 N.W. 47 STREET SUITE 45 SUNRISE FL 33351-7067		
2. Principal Place of Business 21 551 S. MILITARY TRAIL Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. BOX 451929 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 02/19/1996	
22 City & State 23 W. PALM BEACH, FL. Zip Country 24 33415 25 PALM BEACH		27 City & State 28 SUNRISE, FL. Zip Country 29 33345 30 BROWARD		3a. Date of Last Report 02/19/1996	
22		27		4. FEI Number 65-0654851 Applied For <input type="checkbox"/> Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent GOTTIEB, BRUCE M 125 NORTH 48 AVENUE HOLLYWOOD FL 33021			10. Name and Address of New Registered Agent		
			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 607.0502 and 607.1508, 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 607.0505, 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					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE D <input checked="" type="checkbox"/> DELETE					
1.2 NAME VERDON, JAMES					
1.3 STREET ADDRESS 10242 N.W. 47 STREET					
1.4 CITY-ST-ZIP SUNRISE FL 33351					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
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)(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, a 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, as applicable, in an attachment with an address.					
SIGNATURE: Linda R. Nascarella 4-25-97 (954) 572-4302					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)