

2-5-97 B-1396 -C
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Feb 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # S15792 (2)

1. Corporation Name
SPECIALIST AUTOMOTIVE MARKETING, INC.



Principal Place of Business
5215 W. LAUREL STREET
100
TAMPA FL 33607
US

Mailing Address
5215 W. LAUREL STREET
100
TAMPA FL 33607-1728
US

3. Date Incorporated or Qualified
11/27/1990

3a. Date of Last Report
05/01/1996

4. FEI Number
65-0230699

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

VILLA, MICHAEL
5215 W. LAUREL STREET
100
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D/P	VILLA, MICHAEL	1402 S. DESOTO AVE.	TAMPA FL 33606	<input type="checkbox"/>
D/V	MULCANY, WILLIAM J.	3815 HARROGATE DR.	VALRICO FL 33594	<input checked="" type="checkbox"/>
DTS	GHIGLIETTI, DIANE L.	7250 BONAVENTURE DR.	TAMPA FL 33607	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
Off-President	DIANE GHIGLIETTI	7250 BONAVENTURE DR	TAMPA FL 33607	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	JULIE VILLA	1402 S. DESOTO AVE	TAMPA FL 33606	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer	DONALD C OGG	4314 Winnipoy Ct	DELAND, FL 32835	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 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 with an address.

SIGNATURE: Michael Villa 1/31/97 813-281-2300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)