

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

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Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000084519 (5)**

1. Corporation Name
WALLACE LINCOLN-MERCURY, INC.



Principal Place of Business 3626 NORTHLAKE BLVD. LAKE PARK FL 34403 US	Mailing Address P.O. BOX 0002 DELRAY BEACH FL 33447-0002 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 450 E. Las Olas Blvd. 27 Ste. 1200 28 Ft. Lauderdale, FL 29 33301 30 USA	3. Date Incorporated or Qualified 11/18/1994	3a. Date of Last Report 01/26/1996
		4. FEI Number 65-0522036	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	

9. Name and Address of Current Registered Agent WALLACE, WILLIAM L LINTON BLVD. & I-95 DELRAY BEACH FL 33444	10. Name and Address of New Registered Agent 81 Name CT Corporation System 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Rd. 83 84 City Plantation FL 85 Zip Code 33304
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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 *Barbara A. Burke* **BARBARA A. BURKE** **SPECIAL ASSISTANT SECRETARY** **3-7-97**
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	
TITLE	DPT ☐ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	WALLACE, WILLIAM L	1.2 NAME	William L. Wallace
STREET ADDRESS	I-95 & LINTON BLVD.	1.3 STREET ADDRESS	I-95 & Linton Blvd.
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	DeLray Beach, FL 33444
TITLE	VS ☐ DELETE	2.1 TITLE	V ☒ Change ☐ Addition
NAME	SMITH, LEE	2.2 NAME	Lee Smith
STREET ADDRESS	I-95 & LINTON BLVD.	2.3 STREET ADDRESS	I-95 & Linton Blvd.
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	DeLray Beach, FL 33444
TITLE	AS ☒ DELETE	3.1 TITLE	DS ☐ Change ☒ Addition
NAME	WALLACE, KATHLEEN S.	3.2 NAME	Richard L. Handley
STREET ADDRESS	I-95 & LINTON BLVD.	3.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200
CITY-ST-ZIP	DELRAY BEACH FL	3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	AS ☒ DELETE	4.1 TITLE	D ☐ Change ☒ Addition
NAME	WOODS, CHRISTOPHER P.	4.2 NAME	Thomas W. Hawkins
STREET ADDRESS	I-95 & LINTON BLVD.	4.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200
CITY-ST-ZIP	DELRAY BEACH FL	4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	☐ DELETE	5.1 TITLE	T ☐ Change ☒ Addition
NAME		5.2 NAME	Carland Paddy
STREET ADDRESS		5.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
TITLE	☐ DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: *Richard L. Handley* **Richard L. Handley** **3/2/97** **951-713-5271**

CR2E034 (9/96)