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Mar 26 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 # K39319 (4)
1. Corporation Name
RICK STARR LINCOLN-MERCURY, INC.



Principal Place of Business Mailing Address
5400 S. US 1 5400 S. US 1
FT PIERCE FL 34982-7370 FT PIERCE FL 34982-7370

3. Date Incorporated or Qualified 10/14/1988
3a. Date of Last Report 03/26/1996
4. FEI Number 65-0077994 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 [X] Yes [] No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt #, etc. Suite, Apt #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILLIPS, KENDALL J.
239 S. INDIAN RIVER DR.
FT. PIERCE FL 34950

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

Table with 5 rows and 2 columns for Officers and Directors. Includes fields for Title, Name, Street Address, and City-St-Zip. Includes a 'DELETE' checkbox for each row.

Table with 5 rows and 2 columns for Additions/Changes to Officers and Directors. Includes fields for Title, Name, Street Address, and City-St-Zip. Includes 'Change' and 'Addition' checkboxes for each row.

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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3/26/97 561 461-4643 Daytime Phone #

CR2E034 (9/96)