

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # P93000073898 (7)

1. Corporation Name

CENTRAL FLORIDA LINCOLN MERCURY, INC.

95 JAN 20 PM 1:52

Principal Place of Business

1850 E. MERRIT ISLAND CSWY
MERRITT ISLAND FL 32952

Mailing Address

1850 E. MERRIT ISLAND CSWY
MERRITT ISLAND FL 32952

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
10/25/1993

3a. Date of Last Report
02/23/1994

4. FEI Number
59-3208843

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 2055 W. Colonial Drive

2a. Mailing Address

26

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Orlando, FL

28 City & State

29 Zip Country

24 32854

25 Orange

29 Zip

30 Country

9. Name and Address of Current Registered Agent

STEVENS, SHELDON D ESQ.
775 E. MERRITT ISLAND CSWY.
SUITE 310
MERRITT ISLAND FL 32954-1760

10. Name and Address of New Registered Agent

81 Name DEARDOFF, R. BRUCE
82 Street Address (P.O. Box Number is Not Acceptable)
1850 E. MERRITT ISLAND CAUSEWAY
83
84 City Merritt Island FL 85 Zip Code 32952

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 R.B. Deardoff President

(NOTE: Registered Agent signature required when applicable)

DATE 1/16/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	DEARDOFF, R. BRUCE
STREET ADDRESS	2055 WEST COLONIAL DR.
CITY- ST- ZIP	ORLANDO FL 32804
TITLE	ST
NAME	CHENEY, E. RENEE
STREET ADDRESS	1850 E. MERRIT ISLAND CSWY
CITY- ST- ZIP	MERRITT ISLAND FL 32952
TITLE	V
NAME	CHAVARA, JOE
STREET ADDRESS	2055 WEST COLONIAL DR.
CITY- ST- ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify 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 (checked) on an attachment with this return.

SIGNATURE: R.B. Deardoff President

DATE 1/16/95 407-452-9220