

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P93000073898** ✓ok

1. Corporation Name **CENTRAL FLORIDA LINCOLN MERCURY, INC.** **AMENDMENT**

Principal Place of Business: **2055 W. Colonial Dr. Orlando, FL 32854 US**  
 Mailing Address: **509 E. NASA Blvd. Melbourne, FL 32901 US**

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

9. Name and Address of Current Registered Agent

**Markey & Fowler, P.A.**  
**410 W. Merritt Ave.**  
**Merritt Island, FL 32953**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	[ ] DELETE	11 TITLE	<input checked="" type="checkbox"/> Change [ ] Addition
NAME		12 NAME	<b>D Deardoff, R. Bruce</b>
STREET ADDRESS		13 STREET ADDRESS	<b>509 E. NASA Blvd.</b>
CITY-ST-ZIP		14 CITY-ST-ZIP	<b>Melbourne, FL 32901</b>
TITLE	[ ] DELETE	21 TITLE	<input checked="" type="checkbox"/> Change [ ] Addition
NAME		22 NAME	<b>P Chavara, Joe</b>
STREET ADDRESS		23 STREET ADDRESS	<b>205 W. Colonial Dr.</b>
CITY-ST-ZIP		24 CITY-ST-ZIP	<b>Orlando, L 32804</b>
TITLE	[ ] DELETE	31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

**FILED**  
 .90 MAY 18 AM 8:57  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/25/1993**

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 owes the current year Intangible Personal Property Tax:  Yes  No

10. Name and Address of New Registered Agent

14. I 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, with all other like empowered

SIGNATURE: *R.B. Deardoff* **R.B. DEARDOFF**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-99 407-956-0600

CR2E034 (11/98)

*5/27/99*