

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

FILED
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 # P95000072322 (7)
 1. Corporation Name
STUART LINCOLN-MERCURY, INC.



Principal Place of Business 3801 S.E. FEDERAL HIGHWAY STUART FL 34997 US	Mailing Address P.O. BOX 9002 DELRAY BEACH FL 33447-9002 US
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3. Date incorporated or Qualified 09/19/1995	3a. Date of Last Report 01/26/1996
4. FEI Number 65-0607897	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
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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) **1000 S Pine Island Rd.**
83
84 City **Plantation** **FL** **85** Zip Code **33324**

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
 DATE **3-7-97**

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input type="checkbox"/> DELETE
NAME	WALLACE, WILLIAM L	
STREET ADDRESS	I-95 & LINTON BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SMITH, LEE	
STREET ADDRESS	I-95 & LINTON BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	WALLACE, KATHLEEN S	
STREET ADDRESS	I-95 & LINTON BLVD	
CITY-ST-ZIP	DELRAY BEACH FL 33444	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William L. Wallace	
1.3 STREET ADDRESS	I 95 + Linton Blvd.	
1.4 CITY-ST-ZIP	DeLray Beach, FL 33444	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lee Smith	
2.3 STREET ADDRESS	I-95 + Linton Blvd	
2.4 CITY-ST-ZIP	DeLray Beach, FL 33444	
3.1 TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Richard L. Handley	
3.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200	
3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Thomas W. Hawkins	
4.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200	
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
5.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Courtland Reddy	
5.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200	
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
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 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.

CR2E034 (9/96)