

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

APPROVED AND FILED

99 FEB 12 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000072322

1. Corporation Name
STUART LINCOLN-MERCURY, INC.



Principal Place of Business
**3601 S.E. FEDERAL HIGHWAY
STUART FL 34997
US**

Mailing Address
**110 S.E. SIXTH ST
FT LAUDERDALE FL 33301
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

20th Floor

3. Date Incorporated or Qualified
09/19/1995

4. FEI Number
65-0607897

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

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 re-appointing)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WALLACE, WILLIAM L	
STREET ADDRESS	1-95 & LINTON BLVD.	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, LEE	
STREET ADDRESS	1-95 & LINTON BLVD	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	COLE, JAMES O	
STREET ADDRESS	110 S.E. SIXTH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAWKINS, THOMAS W.	
STREET ADDRESS	450 E. LAS OLAS BLVD., STE. 1200	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	HYLE, KATHLEEN	
STREET ADDRESS	110 S.E. SIXTH ST	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAWKINS, THOMAS W	
STREET ADDRESS	110 S.E. SIXTH ST	
CITY-ST-ZIP	FT LAUDERDALE FL 33301	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

see attachment

400002776664--7
-02/16/99--01034--005
******150.00 ****150.00**

1/22/99

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 blocks empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99 (954) 769-6000

0280046

CR2E034 (11/98)

Stuart Lincoln-Mercury, Inc.

<u>OFFICE</u>	<u>NAME</u>
Directors	Thomas W. Hawkins
.....	James O. Cole
President	William L. Wallace
Chief Financial Officer	Lee Smith
Vice Presidents	Lee Smith
.....	James O. Cole
Secretary	James O. Cole
Treasurer	Kathleen Hyle

Address for all officers and directors is: 110 SE 6th Street, 20th Floor
Fort Lauderdale, Florida 33301