FILE NOW; FILING FEE AFTER MAY 1 IS $550.00

FILED
Apr 09 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 # **G50758** **(3)**

1. Corporation Name
WALLACE IMPORTS, INC.

Principal Place of Business	Mailing Address
I-95 AND LINTON BLVD. P.O.BOX 8002 DELRAY BEACH FL 33444 US	~~LINTON BLVD. & I-95~~ ~~P.O.BOX 8002~~ ~~DELRAY BEACH FL 33447-8002~~ ~~US~~

3. Date Incorporated or Qualified: 07/21/1983
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business (21):
2a. Mailing Address (26): 450 E. Las Olas Blvd
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27): Ste. 1200
City & State (23):
City & State (28): Ft. Lauderdale, FL
Zip (24): Country (25):
Zip (29): 33301 Country (30): USA

4. FEI Number: 59-2326469 ☐ 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

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): 1200 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: Victoria Goldstein VICTORIA GOLDSTEIN SPECIAL ASST. SEC'Y 4/2/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	WALLACE, WILLIAM L		1.2 NAME	William L. Wallace	
STREET ADDRESS	LINTON BLVD. & I-95		1.3 STREET ADDRESS	I-95 + Linton Blvd.	
CITY-ST-ZIP	DELRAY BCH. FL		1.4 CITY-ST-ZIP	Delray Beach, FL	
TITLE	AS	☒ DELETE	2.1 TITLE	V	☒ Change ☒ Addition
NAME	WALLACE, KATHLEEN S.		2.2 NAME	Lee Smith	
STREET ADDRESS	LINTON BLVD. & I-95		2.3 STREET ADDRESS	Linton Blvd. + I-95	
CITY-ST-ZIP	DELRAY BCH. FL		2.4 CITY-ST-ZIP	Delray Beach, FL	
TITLE	VS	☒ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	SMITH, LEE		3.2 NAME	Richard L. Handley	
STREET ADDRESS	LINTON BLVD. & I-95		3.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200	
CITY-ST-ZIP	DELRAY BEACH FL		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE		☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME			4.2 NAME	Thomas W. Hawkins	
STREET ADDRESS			4.3 STREET ADDRESS	450 E. Las Olas Blvd Ste. 1200	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE		☐ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME			5.2 NAME	Courtland Peddy	
STREET ADDRESS			5.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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] Richard L. Handley 3/12/97 954-713-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

I43763