

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

PROFIT CORPORATION ANNUAL REPORT **1997 Amended**



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

FILED

97 OCT 23 PM 1:53

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **123140**
 1. Corporation Name **Marcone Ford, Inc.**

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	1333 N. Federal Highway	26	110 SE Sixth St.	9/18/30	
22	Suite, Apt. #, etc.	27	204 FL	4. FEI Number	Applied For
23	City & State Ft. Lauderdale	28	City & State Ft. Lauderdale, FL	59-0409290	Not Applicable
24	Zip FL	29	Zip 33301	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	Country 33301	30	Country USA	<input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				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 Road	
83	City	Plantation	FL
84	Zip Code	33354	

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 is approved 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 607.0365, Florida Statutes.

SIGNATURE **Connie Bryan** SPECIAL ASSISTANT SECRETARY DATE **10/23/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Leo Hillock	1.2 NAME	
STREET ADDRESS	1333 N. Federal Highway	1.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	1.4 CITY-ST-ZIP	
TITLE	DVS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James O. Cole	2.2 NAME	
STREET ADDRESS	110 SE 6th St.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas W. Hawkins	3.2 NAME	
STREET ADDRESS	110 SE 6th St.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33301	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **[Signature]** DATE: **10/22/97** TELEPHONE: **954-713-5200**

CR2E034 (9/96)