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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **166215** (4)
1. Corporation Name
WALLACE FORD, INC.



Principal Place of Business 1-95 AND LINTON BLVD. P O BOX 8002 DELRAY BEACH FL 33444 US	Mailing Address LINTON BLVD & 1-95 P-O BOX 8002 DELRAY BEACH FL 33447-8002
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/25/1951	3a. Date of Last Report 01/26/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-0656438	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WALLACE, WILLIAM L 1-95 & LINTON BLVD. DELRAY BCH. 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
		85 FL	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 was authorized by the corporation's board of directors, and I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Victoria Valderrama* SPECIAL ASST SECY 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	AS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WALLACE, KATHLEEN S	1.2 NAME	Richard L. Handley
STREET ADDRESS	LINTON BLVD & 1-95	1.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200
CITY-ST-ZIP	DELRAY BEACH FL	1.4 CITY-ST-ZIP	St. Lauderdale, FL 33301
TITLE	PTD <input type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALLACE, WILLIAM L	2.2 NAME	William L. Wallace
STREET ADDRESS	LINTON BLVD & 1-95	2.3 STREET ADDRESS	Linton Blvd. + 1-95
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	Delray Beach, FL
TITLE	VS <input type="checkbox"/> DELETE	3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, LEE	3.2 NAME	Lee Smith
STREET ADDRESS	LINTON BLVD & 1-95	3.3 STREET ADDRESS	Linton Blvd. + 1-95
CITY-ST-ZIP	DELRAY BEACH, FL	3.4 CITY-ST-ZIP	Delray Beach, FL
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	St. Lauderdale, FL 33301
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Courtland Paddy
STREET ADDRESS		5.3 STREET ADDRESS	450 E. Las Olas Blvd. Ste. 1200
CITY-ST-ZIP		5.4 CITY-ST-ZIP	St. Lauderdale, FL 33301
TITLE	<input type="checkbox"/> DELETE	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: *Richard L. Handley* 3/12/97 954-713-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)