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CORPORATION ANNUAL REPORT



FLORIDA DEPANTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED Feb 23 1998 8:00am Secretary of State

DIVISION OF CORPORATIONS 1998 DOCUMENT # 166215 (4)WALLACE FORD, INC. Principal Place of Business Mailing Address 1-95 AND LINTON BLVD. 450 E LAS OLAS BLVD P O BOX 9002 STE 1200 **DELRAY BEACH FL 33444** FT LAUDERDALE FL 33301 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/25/1951 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 26 110 SE STXH 59-0656438 Not Applicable 21 Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 City & State ity & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Zip Country 24 25 Personal Property Tax due June 30. 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent B1 Name CT CORPORATION SYSTEM 1200 S PINE ISLAND RD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 City 84 Zip Code 85 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE Change Addition WALLACE, WILLIAM L 1.2 NAME NAME LINTON BLVD & 1 95 1.3 STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE TITLE 2.1 TITLE SMITH, LEE 22 NAME NAME LINTON BLVD & 1-95 2.3 STREET ADDRESS STREET ADDRESS DELRAY BEACH, FL. 2. 4 CITY - ST - ZIP CITY-ST-ZIP OFFEE Addition 3.1 TITLE TITLE HAWKINS, THOMAS W 3.2 NAME NAME 450 E LAS OLAS BLVD STE 1200 3.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 3.4. CITY - ST - ZIP CITY - ST - ZIP DELETE Addition 4.1 TITLE TITLE PEDDY, COURTLAND 4.2 NAME NAME 450 E LAS OLAS BLVD STE 1200 4.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 4.4 CITY-ST-ZIP CITY - ST - ZIP **V**OLLE IE 5.1 TITLE Change Addition TITLE HANDLEY, RICHARD L 5.2 NAME NAME 450 E LAS OLAS BLVD. STE 1200 5.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 61 TITLE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. Thereby 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 16 it changed, or on an attachment with an address 19 if changed, or on an attachment with an address

SIGNATURE: