F(LE	NOW: FILING FE	E AFTER MAY 1ST IS	\$550.00	0	APPROVED		
COR ANNU	ANNUAL DEPORT		i <b>ne Harris</b> ry of State		99 FEB 12 PH 4: 15	5	
DOCUMENT # 166215					SECRETARY OF STATE	Ē JA	
WALLAC	E FORD, INC.						
			····				
Principal Place of Business Mailing Address  -95 AND LINTON BLYD. 110 S.E. SIXTH ST P O BOX 9002 STE 1200  DELRAY BEACH FL 33444 FT LAUDERDALE FL 33301  US					DO NOT WRITE	E IN THIS SPACE	
	ace of Business	2a, Mailing Address			3. Date Incorporated or Qualifed 08/25/1951 4. FEI Number	Ān	plied For
1		26 110 SF 6	19 Str	-aat	59-0656438	<u> </u>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt, #, etc.	000		5. Certificate of Status Desired	\$8.75 A Fee Re	dditional
City & State	8	City & State	erdale	٠, FL	6. Election Campaign Financing Trust Fund Contribution	□ \$5.00 Added t	
Zip 4	Country 25	<sup>Zip</sup> 29 3330 )	Country	sA	This corporation owes the currer Personal Property Tax.		□No
	9. Name and Address of C				10. Name and Address of New Re	gistered Agent	
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324				Name Street Addre	ess (P.O. Box Number is Not Acceptab 500027 -02/16/	•	
11. Pursuant i office or re agent. I ar	to the provisions of Sections 60 agistered agent, or both, in the semiliar with, and accept the company to the company of the	07.0502 and 607.1508, Florida Statut State of Florida. Such change was a obligations of, Section 607.0505, Flo	es, the above- uthorized by the rida Statutes.	named corpo ne corporation	oration submits this stateme <b>南非常情</b> 点 n's board of directors. I hereby accept	Pote[0] charging its the appointment as reg	registered Jistored
SIGNATURE	Signature, typed or printed name of register	red agent and title if emissable (NOTE	Registered Agent	signature required	when reinstation)	DATE	
12.		RS AND DIRECTORS /	13.		ADDITIONS/CHANGES TO OFFI		RS IN 12
TITUE	P	<b>M</b> DELETE	1.1 TITLE			Change	Addition
NAME	WALLACE, WILLIAM L		1.2 NAME	<b>**</b>	see attachma	su par	
STREET ADORESS	LINTON BLVD & 1 95 DELRAY BEACH FL	,	13 STREET			•	
CITY-ST-ZIP TITLE	VS	DELETE	14 CITY-ST-	Z)P		[ ] Change	[ ] Add:t:on
NAME	SMITH, LEE		2 2 NAME				
STREET ADDRESS	LINTON BLVD & 1-95		2.3 STREET A	DORESS			
CITY-ST-ZIP	DELRAY BEACH, FL.	/	2 4 CITY-ST-				
TITLE	D	☑ DELETE	3 1 TITLE			Change	Addition
NAME	HAWKINS, THOMAS W		3 2 NAME				
STREET ADDRESS	450 E LAS OLAS BLVD ST	TE 1200	33STREET A	UDDRESS			
CITY-ST-ZIP	FT LAUDERDALE FL		34 CITY-ST-	ZIP		F7.6.	
TITLE	T LIME MATHEREN	DELETE	4.1 TITLE			Change	☐ Addition
NAME	HYLE, KATHLEEN		4 2 NAVE				
STREET ADDRESS	110 S.E. SIXTH ST		4.3 STREET A				
CITY-ST-ZIP	FT LAUDERDALE FL 3330	DELETE	4 4 C/TY-ST-	ZIP		[] Change	[ ] Addition
INFE	DS	□ vece ie	5 1 TITLE	J		[] Change	FT MORIOU

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 like empowered.

61 TITLE

6 2 NAME

53 STREET ADDRESS

63 STREET ADORESS

64 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

COLE, JAMES O 110 S.E. SIXTH ST

FT LAUDERDALE FL 33301

HAWKINS, THOMAS W

110 S.E. SIXTH ST FT LAUDERDALE FL 33301

AND TYPED OF BRIDTED MANE OF SIGNING OFFICER OF DIRECTOR

1/22/99 (954) 769-6000

["] Change

Addition

## Wallace Ford, Inc.

OFFICE		NAME
Directors	***************************************	Thomas W. Hawkins
	***************************************	James O. Cole
President	***************************************	William L. Wallace
Chief Finan	cial Officer	Lee Smith
Vice Preside	ents	Lee Smith
	***************************************	James O. Cole
Secretary	***************************************	James O. Cole
Treasurer	***************************************	Kathleen Hyle

Address for all officers and directors is:

110 SE 6<sup>th</sup> Street, 20<sup>th</sup> Floor Fort Lauderdale, Florida 33301