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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 703270

(9)

LINCOLN-MERCURY DEALERS' ADVERTISING FUND, ORLAN DO REGION, INC.

Principal Place of Business Mailing Address 9951 S. ORANGE BLOSSOM TRAIL P. O. BOX 550538 ORLANDO FL 32837 JACKSONVILLE FL 32255-0538 US 3a. Date of Last Report 3. Date incorporated or Qualified 11/28/1961 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-6064616 12 E. SUNRISE BLYD 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be LAUDER DALE, FL FT. 23 28 Trust Fund Contribution Added to Fees Zid Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 33304 24 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROBBINS, WILLIAM C. 82 Street Address (P.O. Box Number is Not Acceptable) 2800 PARR COURT WEST 83 JACKSONVILLE FL 32245-9098 City Zip Code 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ČD XX DELETE THILE Change X Addition 1.1 TITLE MURPHY, LARRY NAME 1.2 NAME OSMAN, PERRY -9951 S. ORANGE BLOSSOM TRAIL STREET ADDRESS 1.3 STREET ADDRESS 625 E. NASA BLVD. **ORLANDO FL** CITY-SI-ZIP 1.4 CITY-ST-ZIP MELBOURNE, FL 32901 DELETE TITLE ☐ Change XX Addition 2.1 TITLE DC SCHAEFER, JOHN NAME 2.2 NAME HAMILTON, JOEL 4001 PONCE DE LEON BLVD. STREET ADDRESS 2.3 STREET ADDRESS 12 E. SUNRISE BLVD. CORAL GABLE FL CITY-ST-ZIP 2.4 City-St-ZiP FT. LAUDERDALE, FL 33364 DELETE Change TITLE Addition 3.1 TITLE UNDERHILL, BILL NAME 3.2 NAME 2372 S. TAMIAMI TRAIL STREET ADDRESS 3.3 STREET ADDRESS VENICE FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE NAME LYNCH, WILLIAM B. 4. 2 NAME STREET ADDRESS 4620 SOUTHSIDE BLVD. 4.3 STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TIFLE 5.1 TITLE Change Addition MURPHY, DENNIS NAME 5.2 NAME 4727 U.S. HWY 19 STREET ADDRESS 5.3 STREET ADDRESS **NEW PORT RICHEY FL** CITY-ST-ZIP 5.4 CITY - ST-ZIP DELETE TITLE Change 6.1 TITLE Addition DARNELL, ED NAME 6.2 NAME 641 W. 15TH STREET STREET ADDRESS **6.3 STREET ADDRESS**

6.4 CUY-ST-ZIP

SIGNATURE: __

CITY-ST-ZIP

PANAMA CITY FL

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 according to the same legal effect as if made under oath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, you an anadress.

FILED

May 15 1997 8:00am

Secretary of State