

FILE NOW: FILING FEE IS \$61.25

FILED  
May 15 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 703270 (9)**  
1. Corporation Name  
**LINCOLN-MERCURY DEALERS' ADVERTISING FUND, ORLANDO REGION, INC.**

Principal Place of Business <b>9951 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32837 US</b>	Mailing Address <b>P. O. BOX 550538 JACKSONVILLE FL 32255-0538 US</b>
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<b>21</b> 2. Principal Place of Business <b>12 E. SUNRISE BLVD.</b> Suite, Apt. #, etc.	<b>2a.</b> Mailing Address <b>26</b> Suite, Apt. #, etc.
<b>22</b> City & State <b>FT. LAUDERDALE, FL</b>	<b>27</b> City & State
<b>23</b> Zip <b>33304</b>	<b>28</b> Country
<b>24</b> Zip <b>33304</b>	<b>25</b> Country
<b>29</b> Zip	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>11/28/1961</b>	<b>3a.</b> Date of Last Report <b>05/01/1996</b>
<b>4.</b> FEI Number <b>59-6064616</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
**ROBBINS, WILLIAM C.  
2800 PARR COURT WEST  
JACKSONVILLE FL 32245-9098**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>CD</b> <input checked="" type="checkbox"/> DELETE	NAME <b>MURPHY, LARRY</b>
STREET ADDRESS <b>9951 S. ORANGE BLOSSOM TRAIL</b>	
CITY-ST-ZIP <b>ORLANDO FL</b>	
TITLE <b>D</b> <input type="checkbox"/> DELETE	NAME <b>SCHAEFER, JOHN</b>
STREET ADDRESS <b>4001 PONCE DE LEON BLVD.</b>	
CITY-ST-ZIP <b>CORAL GABLE FL</b>	
TITLE <b>D</b> <input type="checkbox"/> DELETE	NAME <b>UNDERHILL, BILL</b>
STREET ADDRESS <b>2372 S. TAMiami TRAIL</b>	
CITY-ST-ZIP <b>VENICE FL</b>	
TITLE <b>D</b> <input type="checkbox"/> DELETE	NAME <b>LYNCH, WILLIAM B.</b>
STREET ADDRESS <b>4620 SOUTHSIDE BLVD.</b>	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>	
TITLE <b>D</b> <input type="checkbox"/> DELETE	NAME <b>MURPHY, DENNIS</b>
STREET ADDRESS <b>4727 U.S. HWY 19</b>	
CITY-ST-ZIP <b>NEW PORT RICHEY FL</b>	
TITLE <b>D</b> <input type="checkbox"/> DELETE	NAME <b>DARNELL, ED</b>
STREET ADDRESS <b>641 W. 15TH STREET</b>	
CITY-ST-ZIP <b>PANAMA CITY FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME <b>OSMAN, BERRY--</b>
1.3 STREET ADDRESS <b>625 E. NASA BLVD.</b>	
1.4 CITY-ST-ZIP <b>MELBOURNE, FL 32901</b>	
2.1 TITLE <b>DC</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	2.2 NAME <b>HAMILTON, JOEL</b>
2.3 STREET ADDRESS <b>12 E. SUNRISE BLVD.</b>	
2.4 CITY-ST-ZIP <b>FT. LAUDERDALE, FL 33304</b>	
3.1 TITLE	3.2 NAME
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	4.2 NAME
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	5.2 NAME
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	6.2 NAME
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ (NOTE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) \_\_\_\_\_ DATE: **9/7/97**

CR2E037 (9/96)