

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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>12 E SUNRISE BLVD                  FT LAUDERDALE FL 33304                  US</b>	Mailing Address <b>P. O. BOX 550538                  JACKSONVILLE FL 32255-0538                  US</b>
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3. Date Incorporated or Qualified  
**11/28/1961**

4. FEI Number  
**59-6064616**

Applied For  Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  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

**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>OSMAN, PERRY</b> <b>625 E NASA BLVD</b> <b>MELBOURNE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHAEFER, JOHN</b> <b>4001 PONCE DE LEON BLVD.</b> <b>CORAL GABLE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/T</b> <b>UNDERHILL, BILL</b> <b>2372 S. TAMiami TRAIL</b> <b>VENICE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LYNCH, WILLIAM B.</b> <b>4620 SOUTHSIDE BLVD.</b> <b>JACKSONVILLE FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/V</b> <b>MURPHY, DENNIS</b> <b>4727 U.S. HWY 19</b> <b>NEW PORT RICHEY FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DARNELL, ED</b> <b>641 W. 15TH STREET</b> <b>PANAMA CITY FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>CD</b> <b>JOEL HAMILTON</b> <b>12 E. SUNRISE BLVD.</b> <b>FT. LAUDERDALE, FL</b>
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>D</b> <b>JERRY YORK</b> <b>350 BEAL PARKWAY</b> <b>FT. WALTON BEACH, FL</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** \_\_\_\_\_

*1/26/98*

CR2E037 (10/97)