


FILE NOW: FILING FEE IS \$61.25

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**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90119 041 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 703270**

1. Corporation Name  
**LINCOLN-MERCURY DEALERS' ADVERTISING FUND, ORLANDO REGION, INC.**

Principal Place of Business 12 E SUNRISE BLVD FT LAUDERDALE FL 33304 US	Mailing Address P. O. BOX 550538 JACKSONVILLE FL 32255-0538 US
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2. Principal Place of Business 21 <b>4727 U.S. HIGHWAY A</b>	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>11/28/1961</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-6064616</b>
City & State 23 <b>NEW PORT RICHEY, FL</b>	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24 <b>34652</b>	Country 25 <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
29	30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
ROBBINS, WILLIAM C. 2800 PARR COURT WEST JACKSONVILLE FL <del>32245-9098</del> <b>32216</b>		81 Name		
		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
		84 City	<b>FL</b>	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>OSMAN, PERRY</b>		1.2 NAME	
STREET ADDRESS <b>625 E NASA BLVD</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>MELBOURNE FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SCHAEFER, JOHN</b>		2.2 NAME	<b>T/D</b>
STREET ADDRESS <b>4001 PONCE DE LEON BLVD.</b>		2.3 STREET ADDRESS	<b>SCHAEFER, JOHN</b>
CITY-ST-ZIP <b>CORAL GABLE FL</b>		2.4 CITY-ST-ZIP	<b>4001 PONCE DE LEON BLVD.</b>
TITLE <b>DT</b>	<input checked="" type="checkbox"/> DELETE <b>XX</b>	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>UNDERHILL, BILL</b>		3.2 NAME	<b>Clemente, Phil</b>
STREET ADDRESS <b>2372 S. TAMiami TRAIL</b>		3.3 STREET ADDRESS	<b>14200 S. Tamiami Trail</b>
CITY-ST-ZIP <b>VENICE FL</b>		3.4 CITY-ST-ZIP	<b>Ft. Myers, Fl 33912</b>
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LYNCH, WILLIAM B.</b>		4.2 NAME	
STREET ADDRESS <b>4620 SOUTHSIDE BLVD.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>DV</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MURPHY, DENNIS</b>		5.2 NAME	<b>CD</b>
STREET ADDRESS <b>4727 U.S. HWY 19</b>		5.3 STREET ADDRESS	<b>Murphy, Dennis</b>
CITY-ST-ZIP <b>NEW PORT RICHEY FL</b>		5.4 CITY-ST-ZIP	<b>4727 US Highway 19</b>
TITLE <b>CD</b>	<input checked="" type="checkbox"/> DELETE <b>XX</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HAMILTON, JOEL</b>		6.2 NAME	<b>Bender, James</b>
STREET ADDRESS <b>12 E SUNRISE BLVD</b>		6.3 STREET ADDRESS	<b>2250 N. State Road 7</b>
CITY-ST-ZIP <b>FT LAUDERDALE FL</b>		6.4 CITY-ST-ZIP	<b>Liargate, Fl 33063</b>

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, with all other like empowered.

SIGNATURE: *Dennis Murphy* 8/199 8138490689

CR2E037 (11/98)