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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0279836

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G50758

1. Corporation Name
WALLACE IMPORTS, INC.



Principal Place of Business 145 AND LINTON BLVD. P.O. BOX 8002 DELRAY BEACH FL 33444 US	Mailing Address 110 S.E. SIXTH ST STE 1200 FT LAUDERDALE FL 33301 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 110 SE 6th Street
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 20th Floor
City & State 23	City & State 28 Ft. Lauderdale, FL
Zip 24	Zip 29 33301
Country 25	Country 30 USA

3. Date Incorporated or Qualified 07/21/1983	Applied For Not Applicable
4. FEI Number 59-2326469	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City
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10. Name and Address of New Registered Agent
000002776660-9 -02/16/99--01032--011-9 ****150. PL ****150.00

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP P WALLACE, WILLIAM L LINTON BLVD. & I-95 DELRAY BEACH FL	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP See attachment
TITLE NAME STREET ADDRESS CITY-ST-ZIP V SMITH, LEE LINTON BLVD. & I-95 DELRAY BEACH FL	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP DS COLE, JAMES O 110 S.E. SIXTH ST FT LAUDERDALE FL 33301	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP D HAWKINS, THOMAS W 110 S.E. SIXTH ST FT LAUDERDALE FL 33301	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP T HYLE, KATHLEEN 110 S.E. SIXTH ST FT LAUDERDALE FL 33301	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)

1/22/99 (984) 769-1000

Wallace Imports, Inc.

<u>OFFICE</u>	<u>NAME</u>
Directors	Thomas W. Hawkins
.....	James O. Cole
President	William L. Wallace
Chief Financial Officer	Lee Smith
Vice Presidents	Lee Smith
.....	James O. Cole
Secretary	James O. Cole
Treasurer	Kathleen Hyle

Address for all officers and directors is: 110 SE 6th Street, 20th Floor
Fort Lauderdale, Florida 33301