

AMENDED
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

97 NOV 20 PM 3:00

DOCUMENT # J18746
 1. Corporation Name

Jim Quinlan, Ford Lincoln-Mercury, Inc.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business
**7200 Broad Street
 Brooksville, FL 34601**

Mailing Address
**PO Box 10209
 Brooksville, FL 34601**

2. Principal Place of Business
21 110 S.E. 6th Street
 Suite, Apt. #, etc
22 20th floor
 City & State
23 Ft. Lauderdale, FL
 Zip
24 33301 Country
25 US

2a. Mailing Address
26 110 S.E. 6th Street
 Suite, Apt. #, etc
27 20th floor
 City & State
28 Ft. Lauderdale, FL
 Zip
29 33301 Country
30 US

3. Date Incorporated or Qualified
6/9/86 3a. Date of Last Report
1/14/97
 4. FEI Number
59-2690846 Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Larry B. Martin
 7200 Broad Street
 Brooksville, FL 34601**

81 Name
C T Corporation System
82 Street Address (P.O. Box Number is Not Acceptable)
1200 S. Pine Island Road
83
84 City
Plantation **FL** **85 33324**

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 *Vicky Goldstein*
 Signature typed or printed name of registered agent and, if applicable, (CITE: Fla. Stat. § 607.0505)

VICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

11-18-97
 DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	James M. Quinlan	
STREET ADDRESS	15005 US Highway 19 S	
CITY-ST-ZIP	Clearwater, FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	Gerrard R. Quinlan	
STREET ADDRESS	15005 US Highway 19/S	
CITY-ST-ZIP	Clearwater, FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	James G. Quinlan	
STREET ADDRESS	15005 US Highway 19 S	
CITY-ST-ZIP	Clearwater, FL	
TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	Larry B. Martin	
STREET ADDRESS	7200 Broad Street	
CITY-ST-ZIP	Brooksville, FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Thomas W. Hawkins	
13 STREET ADDRESS	110 S.E. 6th Street, 20th fl	
14 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
21 TITLE	NPS, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	James O. Cole	
23 STREET ADDRESS	110 S.E. 6th Street, 20th fl	
24 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
31 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Kathleen Hyle	
33 STREET ADDRESS	110 S.E. 6th Street, 20th fl	
34 CITY-ST-ZIP	Ft. Lauderdale, FL 33301	
41 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	James G. Quinlan	
43 STREET ADDRESS	15005 US Highway 19 S	
44 CITY-ST-ZIP	Clearwater, FL	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/17/97 **954-713-5200**
 Date Telephone #

CR2E034 (9/96)

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11/20/97-01044-025
*******61.25 *****61.25**

52 11-20-97