

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 05 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # J18746 (4)

1. Corporation Name  
 JIM QUINLAN, FORD LINCOLN-MERCURY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 110 SE 6TH STREET, FT LAUDERDALE FL 33301, US  
 Mailing Address: 110 SE 6TH STREET, FT LAUDERDALE FL 33301, US

3. Date Incorporated or Qualified: 06/05/1986

2. Principal Place of Business (21-23) and 2a. Mailing Address (26-30) with handwritten '20th Floor' for both.

4. FEI Number: 59-2690846  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30: Yes

9. Name and Address of Current Registered Agent: CT CORPORATION SYSTEM, 1200 S PINE ISLAND ROAD, PLANTATION FL 33324

10. Name and Address of New Registered Agent (81-85)

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: \_\_\_\_\_ 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: D	HAWKINS, THOMAS W	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HAWKINS, THOMAS W	110 SE 6TH STREET 20TH FL	1.2 NAME	
STREET ADDRESS: 110 SE 6TH STREET 20TH FL	FT LAUDERDALE FL 33301	1.3 STREET ADDRESS	
CITY-ST-ZIP: FT LAUDERDALE FL 33301		1.4 CITY-ST-ZIP	
TITLE: VP&D	COLE, JAMES O	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: COLE, JAMES O	110 SE 6TH STREET 20TH FL	2.2 NAME	
STREET ADDRESS: 110 SE 6TH STREET 20TH FL	FT LAUDERDALE FL 33301	2.3 STREET ADDRESS	
CITY-ST-ZIP: FT LAUDERDALE FL 33301		2.4 CITY-ST-ZIP	
TITLE: T	HYLE, KATHLEEN	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HYLE, KATHLEEN	110 SE 6TH STREET 20TH FL	3.2 NAME	
STREET ADDRESS: 110 SE 6TH STREET 20TH FL	FT LAUDERDALE FL 33301	3.3 STREET ADDRESS	
CITY-ST-ZIP: FT LAUDERDALE FL 33301		3.4 CITY-ST-ZIP	
TITLE: P	QUINLAN, JAMES G	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: QUINLAN, JAMES G	15005 US HIGHWAY 19 S	4.2 NAME	
STREET ADDRESS: 15005 US HIGHWAY 19 S	CLEARWATER FL	4.3 STREET ADDRESS	
CITY-ST-ZIP: CLEARWATER FL		4.4 CITY-ST-ZIP	
TITLE: [Blank]	[Blank]	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	[Blank]	5.2 NAME	
STREET ADDRESS: [Blank]	[Blank]	5.3 STREET ADDRESS	
CITY-ST-ZIP: [Blank]	[Blank]	5.4 CITY-ST-ZIP	
TITLE: [Blank]	[Blank]	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]	[Blank]	6.2 NAME	
STREET ADDRESS: [Blank]	[Blank]	6.3 STREET ADDRESS	
CITY-ST-ZIP: [Blank]	[Blank]	6.4 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.

SIGNATURE: \_\_\_\_\_ DATE: 7/16/98 (944) 7109-10000

CR2E034 (5/98)