

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

**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED AND FILED  
99 FEB 12 PM 3:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # J18746**  
1. Corporation Name  
**JIM QUINLAN, FORD LINCOLN-MERCURY, INC.**



Principal Place of Business Mailing Address  
**110 SE 6TH STREET 110 SE 6TH STREET**  
**20TH FLOOR 20 FLOOR**  
**FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301**  
**US US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
21 **15005 US HWY 19 N** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27  
**Clearwater, FL** City & State  
23 Zip Country 28  
**33764** 29 Country 30

3. Date Incorporated or Qualified  
**06/05/1986**  
4. FEI Number Applied For  
**59-2690846** 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 owes the current year Intangible Personal Property Tax  Yes  No

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 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 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HAWKINS, THOMAS W</b>	
STREET ADDRESS	<b>110 SE 6TH STREET 20TH FL</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33301</b>	
TITLE	<b>VPSD</b>	<input type="checkbox"/> DELETE
NAME	<b>COLE, JAMES O</b>	
STREET ADDRESS	<b>110 SE 6TH STREET 20TH FL</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33301</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>HYLE, KATHLEEN</b>	
STREET ADDRESS	<b>110 SE 6TH STREET 20TH FL</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33301</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>QUINLAN, JAMES G</b>	
STREET ADDRESS	<b>15005 US HIGHWAY 19 S</b>	
CITY-ST-ZIP	<b>CLEARWATER FL</b>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
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	

**800002776698--1**  
**-02/16/99--01034--018**  
**\*\*\*\*158.00 \*\*\*\*158.00**

*[Handwritten Signature]* 2/12

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 all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **1/22/99** (954) 769-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR29003

CR2E034 (11/98)