

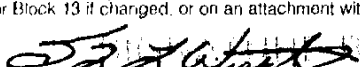


FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 DIVISION OF CORPORATIONS		APR 28 1997 8:00am Secretary of State	
DOCUMENT # L38012 (5) 1. Corporation Name CHARLOTTE COUNTY LINCOLN-MERCURY, INC.					
Principal Place of Business 2021 S TAMiami TrL PUNTA GORDA FL 33950		Mailing Address P. O. BOX 1418 PUNTA GORDA FL 33951-1418 US			
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/22/1989	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report 03/22/1996	
22. City & State		27. City & State		4. FEI Number 65-0167288	
23. Zip		28. Zip		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent WILLIAMS, BARBARA GARY FRONRATH ENTERPRISES 1300 N FEDERAL HWY FT. LAUDERDALE FL 33304		30. Name and Address of New Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.		81. Name		82. Street Address (P.O. Box Number is Not Acceptable)	
SIGNATURE		83.		84. City	
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		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST- ZIP			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 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:  Steven L. Westphal 4/18/97 (941) 639-9696					

CR2E034 (9/96)

0407640