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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra D. Morris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M10486 (2) 1. Corporation Name WALLACE NISSAN, INC.			
Principal Place of Business 1-95 AND LINTON BLVD. P.O. BOX 8002 DELRAY BEACH FL 33444 US		Mailing Address LINTON BLVD. - 8-1-95 P.O. BOX 8002 DELRAY BEACH FL 33447-8002 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
24 25		29 30	
9. Name and Address of Current Registered Agent WALLACE, WILLIAM L. 1-95 & LINTON BLVD DELRAY BEACH FL 33444		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 <i>Richard L. Handley</i> special act Secy 4/2/97 DATE			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY- ST- ZIP AS WALLACE, KATHLEEN S. LINTON BLVD. & I-95 DELRAY BCH. FL PTD WALLACE, WILLIAM L. LINTON BLVD. & I-95 DELRAY BCH. FL VS SMITH, LEE I-95 & LINTON BLVD DELRAY BEACH FL		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST- ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY- ST- ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST- ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST- ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 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, changed, or on an attachment with an address.			
SIGNATURE: <i>Richard L. Handley</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		954-713-5200 Daytime Phone #	



CR2E034 (9/96)