## APPRUVEI

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS			99 FEB 12 PM 4: 30		
DOCUMENT # M10486  1. Corporation Name WALLACE NISSAN, INC.							SECRETARY OF STATE FALL AHASSEE, FLORIDA		
					····				
Principal Place of Business Mailing Address									
F95 AND LINTON BLVD. 110 S.E. SIXTH ST   P.O.BOX 9002 STE 1200									
DELRAY BEACH FL 39444				FT LAUDERDALE FL 33301			DO NOT WRITE IN THIS SPACE		
US				US			3. Date Incorporated or Qualifed		
_	Delegand Di	nes of Dueloses		O- Mailie - Andress			01/25/1985		
_	Principal Place of Business			2a. Mailing Address			4. FEI Number Applied For		
21	Suite, Apt. #, etc.			Suite Asilyt etc.			59-2503216 Not Applicable \$8,75 Additional		
22		-1. +		27 20 Floor		•	5. Certificate of Status Desired Fee Required		
	City & State					6. Election Campaign Financing \$5.00 May Be			
23		28				Trust Fund Contribution Added to Fees			
	Zip	Country	1	Zip	F	entry	8. This corporation owes the current year Intangible		
24	<del></del>	25 9. Name and Address		29 enistered Agent	30	T	Personal Property Tax.  10. Name and Address of New Registered Agent		
		s. Name and Address	Ol Culterit IX	egistered Agent		81 Name	- · · · · · · · · · · · · · · · · · · ·		
CT CORPORATION SYSTEM									
1200 S FINE ISLAND ND							Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324						83	900002776639 4		
						84 City	-02/16/9901032004 - 85   Zip Code		
							果果果牛果的一颗化, Laboura e e e e e		
11	. Pursuant to	o the provisions of Section	is 607.0502 ar	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 Signature, typed or printed name of registered agent and bite if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  OATE									
Signature, typed or printed name of registered agent and bitle if applicable (NOTE Regi						Agent signature re	required when reinstalting)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITL		P		<b>M</b> DELETE	13.	TLE	Change Addition		
NAK	Æ Ì	WALLACE, WILLIAM L			12 N	AME	1.1 - 1		
STR	EET ADDRESS	LINTON BLVD. & I-95			1.3 5	TREET ADDRESS	see attachment		
CIT	Y-ST-ZIP	DELRAY BEACH FL				TY-S1-7/P			
TITL		V		M DELETE	2 1 TI	TLE	Change Addition		
NA	j.	SMITH, LEE			22 N	- 1			
		195 & LINTON BLVD				REET ADORESS			
CITY TITY	r-\$1-ZIP	DELRAY BEACH FL		DELETE		TY-ST-ZIP			
NAA		D HAWKINS, THOMAS V	N	© DECEN	3 1 TI 3.2 N		Change Addition		
	EET ADDRESS	110 S.E. SIXTH ST	•			REET ADDRESS			
	Y-ST-ZIP	FT LAUDERDALE FL 3	33301			TY-ST-ZIP			
TITL		DS		<b>▼</b> ) DELETE			Change Addition		
NA	Æ	COLE, JAMES O			4. 2 N	AME			
STR	EET ADORESS	110 S.E. SIXTH ST			4.3 \$	REET ADDRESS			
cm	r-ST-ZIP	FT LAUDERDALE FL 3	33301		4.4 CI	TY-\$T-2IP			
TITL		T		<b>™</b> DELETE		i	Change Addition		
NAI		HYLE, KATHLEEN			52 N	1			
	EET ADDRESS	110 S.E. SIXTH ST	20004			TY-ST-ZIP	1 m 1		
TITL	r-ST-ZP	FT LAUDERDALE FL 3	NOU 1	[] DELETE	- <del></del> -		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
****	1			C_,			VIII // Landing		

64 CITY-ST-ZIP 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, with all other like ampowered.

6.3 STREET ADDRESS

**SIGNATURE:** 

NAME

STREET ADDRESS

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

## Wallace Nissan, Inc.

OFFICE		NAME
Directors		Thomas W. Hawkins
	***************************************	James O. Cole
President		William L. Wallace
Chief Financ	cial Officer	Lee Smith
Vice Preside	ents	Lee Smith
	***************************************	James O. Cole
Secretary	***************************************	James O. Cole
Treasurer	***************************************	Kathleen Hyle

Address for all officers and directors is:

110 SE 6<sup>th</sup> Street, 20<sup>th</sup> Floor Fort Lauderdale, Florida 33301