


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

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Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M60723 (7)			
1. Corporation Name WALLACE DODGE, INC.			
Principal Place of Business I-95 & LINTON BLVD. P.O. BOX 9002 DELRAY BEACH FL 33444 US		Mailing Address LINTON BLVD. & I-95 P.O. BOX 9002 DELRAY BEACH FL 33447-9002 US	
2. Principal Place of Business		2a. Mailing Address	
21	26	450 E. Las Olas Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27	Ste. 1200	
City & State		City & State	
23	28	Ft. Lauderdale, FL	
Zip	Country	Zip	Country
24	25	29	30
33301		USA	
9. Name and Address of Current Registered Agent			
WALLACE, WILLIAM L. I-95 & LINTON BLVD DELRAY BEACH FL 33444			
10. Name and Address of New Registered Agent			
81 Name CT Corporation System			
82 Street Address (P.O. Box Number is Not Acceptable)			
1200 S. Pine Island Rd.			
83			
84 City Plantation FL 85 Zip Code 33324			
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, to 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 Victoria Medstein Special Asst Secy 4/2/97			
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
1.1 TITLE PTD			
1.2 NAME WALLACE, WILLIAM L.			
1.3 STREET ADDRESS LINTON BLVD. & I-95			
1.4 CITY-ST-ZIP DELRAY BEACH FL			
2.1 TITLE VS			
2.2 NAME SMITH, LEE			
2.3 STREET ADDRESS LINTON BLVD. & I-95			
2.4 CITY-ST-ZIP DELRAY BEACH FL			
3.1 TITLE AS			
3.2 NAME WALLACE, KATHLEEN S.			
3.3 STREET ADDRESS LINTON BLVD. & I-95			
3.4 CITY-ST-ZIP DELRAY BCH. FL			
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			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE P			
1.2 NAME William L. Wallace			
1.3 STREET ADDRESS Linton Blvd. + I-95			
1.4 CITY-ST-ZIP Delray Beach FL			
2.1 TITLE V			
2.2 NAME Lee Smith			
2.3 STREET ADDRESS Linton Blvd. + I-95			
2.4 CITY-ST-ZIP Delray Beach, FL			
3.1 TITLE OS			
3.2 NAME Richard L. Hardley			
3.3 STREET ADDRESS 450 E. Las Olas Blvd. Ste. 1200			
3.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301			
4.1 TITLE D			
4.2 NAME Thomas W. Hawkins			
4.3 STREET ADDRESS 450 E. Las Olas Blvd. Ste. 1200			
4.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301			
5.1 TITLE T			
5.2 NAME Courtland Reddy			
5.3 STREET ADDRESS 450 E. Las Olas Blvd. Ste. 1200			
5.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301			
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 in an attachment with an address.			
SIGNATURE: Richard L. Hardley 3/2/97 954-713-5200			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #			



CR2E034 (9/96)