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Jan 14 1997 8:00am

Secretary of State



PROFIT CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P03809

(1)

1. Corporation Name
ISLAND LINCOLN-MERCURY, INC.



Principal Place of Business
**1850 E MERRITT ISL CSWY
MERRITT ISLAND FL 32952**

Mailing Address
**1850 E MERRITT ISL CSWY
MERRITT ISLAND FL 32952-2665**

3. Date Incorporated or Qualified 10/24/1984	3a. Date of Last Report 01/22/1996
4. FEI Number 59-2490755	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 State, Apt. #, etc.	26 State, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent DEARDOFF, R. BRUCE 1850 E. MERRITT ISLAND CAUSEWAY MERRITT ISLAND FL 32952	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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARDOFF, R. BRUCE	1.2 NAME	
STREET ADDRESS	1850 E. MI CAUSEWAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, MARIE E.	2.2 NAME	
STREET ADDRESS	1850 E MERRITT ISL CSWY	2.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL 32952	2.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARDOFF, MICHAEL G.	3.2 NAME	
STREET ADDRESS	455 FOOTMAN LANE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL	3.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHENEY, RENEE E	4.2 NAME	
STREET ADDRESS	1850 E. MERRITT ISLAND CSWY	4.3 STREET ADDRESS	
CITY - ST - ZIP	MERRITT ISLAND FL	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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: *Renee Cheney* **RENEE CHENEY** **1/3/97** **407-452-9220**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)