


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

FILED
Jan 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/24/1984	
21	26	4. FEI Number 59-2490755		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country US	29. Zip	30. Country US	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DEARDOFF, R. BRUCE 1850 E. MERRITT ISLAND CAUSEWAY MERRITT ISLAND FL 32952				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable) 509 East NASA Boulevard			
				83			
				84 City Melbourne			

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARDOFF, R. BRUCE	1.2 NAME	
STREET ADDRESS	1850 E. MI CAUSEWAY	1.3 STREET ADDRESS	509 East NASA Blvd.
CITY-ST-ZIP	MERRITT ISLAND FL	1.4 CITY-ST-ZIP	Melbourne, FL 32901
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARDOFF, MICHAEL G.	3.2 NAME	
STREET ADDRESS	455 FOOTMAN LANE	3.3 STREET ADDRESS	1850 E. Merritt Isl. Csway.
CITY-ST-ZIP	MERRITT ISLAND FL	3.4 CITY-ST-ZIP	Merritt Island, FL 32952
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" 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	32952
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 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: *R. B. Deardoff* **REQUIRED** 1-5-98 407-956-0600

CR2E034 (10/97)