

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # 164877 (3)**

1. Corporation Name

**HOLLYWOOD LINCOLN MERCURY, INC.**



Principal Place of Business: **1700 SHERIDAN ST. HOLLYWOOD FL 33020**  
Mailing Address: **1700 SHERIDAN ST. HOLLYWOOD FL 33020**

3. Date Incorporated or Qualified: **04/16/1951**  
3a. Date of Last Report: **04/24/1995**  
4. FEI Number: **59-0652578**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

**9. Name and Address of Current Registered Agent**

**PARENT, L. E.  
911 N.E. 2ND AVENUE  
FT. LAUDERDALE FL 33304**

**10. Name and Address of New Registered Agent**

81 Name: **REIF, DANIEL S.**  
82 Street Address (P.O. Box Number is Not Acceptable): **911 N. E. 2nd Avenue**  
83  
84 City: **Ft. Lauderdale** FL 85 Zip Code: **33304**

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: *Daniel S. Reif* **Daniel S. Reif, President** **1-24-96**  
Signature, typed or printed name of registered agent or officer, if applicable. (907) Registered Agent Signature required when re-stating DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>ST. PIERRE, B.J.</b>	
STREET ADDRESS	<b>3781 COLUMBUS WAY</b>	
CITY-ST-ZIP	<b>COOPER CITY FL</b>	
TITLE	<b>AST</b>	<input type="checkbox"/> DELETE
NAME	<b>COPPOLA, K. T.</b>	
STREET ADDRESS	<b>525 CHSTNUT ST</b>	
CITY-ST-ZIP	<b>MOORESTOWN NJ</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PARENT, L. E.</b>	
STREET ADDRESS	<b>1188 SEMINOLE DRIVE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>REIF, DANIEL S.</b>	
STREET ADDRESS	<b>2041 D.W. 86TH TERR.</b>	
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<b>PD</b>
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
14. NAME	<b>CAVANAUGH, DANIEL T</b>
15. STREET ADDRESS	<b>1710 N. W. 109 Avenue</b>
16. CITY-ST-ZIP	<b>Pembroke Pines, FL</b>
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 checked, or on an attachment with an address.

**SIGNATURE:** *Bradford J. St. Pierre* **Bradford J. St. Pierre** **04/09/96** **(954) 920-6010**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)