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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

414199

(0)

POMPANO LINCOLN MERCURY, INC.

Principal Place of Business

Mailing Address



2741 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33064		2741 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33064			
				3. Date Incorporated or Qualified 12/07/1972	3a. Date of Last Report 03/31/1995
Principal Place of Business 21		2a. Mailing Address 26		4. FEt Number 59-1458361	Applied For Not Applicab
Suite, Apt. #, etc. 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Ζιρ 2 4]	Country 25	Ζφ 29	Gountry 30	8. This corporation has liability for in Florida Statutes 🔽 Yes	□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Ro	egistered Agent
DADE	NT LE		81 Name	REIF D.S.	
PARENT, L E 911 N E 2ND AVE			B2 Street A	Address (FO. Box Number is Not Acceptable 911 NE. AND Ave.	e)
FT LAUDERDALE, FL			83	FT. LAUDERDALE	FL.
33328			84 City	rporation submits this statement for the purp board of directors. Thereby accept the appo	FI 85 Zip Code
SIGNATURE.	(C) and () C	\mathcal{M} (Pr	esident)		3/13/96
	Signature typed or printed name of registered agent as	nd tille if appliatele — gv	OTE: Flogishored Agent signation re	olorad which renstating)	OATE
	OFFICERS AND	od tille ir app. at ld (N DIRECTORS	OTE: Flogishore (Agrid Supristion re	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
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14. To 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 changed, or on an attachment with an address.

SIGNATURE:

MIURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

(AFT Hess) 3/14/96 (954) 782-8110