

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 414199 (0)

1. Corporation Name

POMPANO LINCOLN MERCURY, INC.



Principal Place of Business

2741 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33064

Mailing Address

2741 NORTH FEDERAL HIGHWAY
POMPANO BEACH FL 33064

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

PARENT, L E
911 N E 2ND AVE
FT LAUDERDALE, FL
33328

3. Date Incorporated or Qualified
12/07/1972

3a. Date of Last Report
03/31/1995

4. FEI Number
59-1458361

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

10. Name and Address of New Registered Agent

81 Name

REIF D.S.

82 Street Address (P.O. Box Number is Not Acceptable)

911 NE 2ND AVE.

83

FT. LAUDERDALE FL.

84 City

FL

85 Zip Code

33328

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
Signature of registered agent and title in any capacity

(President)

(NOTE: Registered Agent signature required when transferring)

3/13/96

DATE

12. OFFICERS AND DIRECTORS

TITLE VD
NAME ZICH, R
STREET ADDRESS 448 NW 93RD AVE
CITY- ST- ZIP CORAL SPRINGS, FL 00000 ☐ DELETE

TITLE CD
NAME HOLMAN, J S
STREET ADDRESS 350 STATION AVE
CITY- ST- ZIP HADDENFIELD, NJ 00000 ☐ DELETE

TITLE D
NAME KOLB, J.W.
STREET ADDRESS 407 CHESTER AVE
CITY- ST- ZIP MOORESTOWN, NJ 00000 ☐ DELETE

TITLE PD
NAME PARENT, L E
STREET ADDRESS 911 NE 2ND AVE
CITY- ST- ZIP FT LAUDERDALE, FL 00000 ☒ DELETE

TITLE ST
NAME HESS, A
STREET ADDRESS 2029 N OCEAN BLVD #503
CITY- ST- ZIP FT LAUDERDALE FL ☐ DELETE

TITLE AST
NAME COPPOLA, K.T.
STREET ADDRESS 525 CHESTNUT ST.
CITY- ST- ZIP MOORESOWN, NJ. ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

PRESIDENT
Reif, D.S.
911 NE 2ND AVE.
FT. LAUDERDALE, FL. 33328

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 changed, or on an attachment with an address.

SIGNATURE:

Art Hess
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Art Hess)

3/14/96 (954) 782-8110

Date

Display Phone #

CR2E034 (12/95)