

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

**FILED**  
**Feb 08, 1999 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

02-08-1999 90030 007 \*\*\*\*158.75

**DOCUMENT # 414199**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/07/1972**

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 owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent: REIF, D.S., 911 NE 2ND AVENUE, FT. LAUDERDALE FL 33304

10. Name and Address of New Registered Agent: 81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD ZICH, R	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	448 NW 93RD AVE	1.2 NAME	
STREET ADDRESS	CORAL SPRINGS, FL 00000	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	CD HOLMAN, J S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	350 STATION AVE	2.2 NAME	
STREET ADDRESS	HADDENFIELD, NJ 00000	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D KOLB, J.W.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	407 CHESTER AVE	3.2 NAME	
STREET ADDRESS	MOORESTOWN, NJ 00000	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	PD REIF, D.S.	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	911 NE 2ND AVE	4.2 NAME	
STREET ADDRESS	FT LAUDERDALE, FL 00000	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	ST HESS, A	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2029 N OCEAN BLVD #503	5.2 NAME	
STREET ADDRESS	FT LAUDERDALE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	AST COPPOLA, K.T.	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	525 CHESTNUT ST.	6.2 NAME	
STREET ADDRESS	MOORESOWN, NJ	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, with all other like empowered.

SIGNATURE: *(Signature)* **ART HESS** 1/18/99 (954) 782-8110  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)