

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 414199

1. Entity Name

POMPANO LINCOLN MERCURY, INC.

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90070 025 ***158.75

Principal Place of Business 2741 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33064	Mailing Address 2741 NORTH FEDERAL HIGHWAY POMPANO BEACH FL 33064-6846
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1458361	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input checked="" type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REIF, D.S. 911 NE 2ND AVENUE FT. LAUDERDALE FL 33304		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	VD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZICH, R	NAME	
STREET ADDRESS	448 NW 93RD AVE	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 00000	CITY-ST-ZIP	
TITLE	CD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMAN, J S	NAME	
STREET ADDRESS	350 STATION AVE	STREET ADDRESS	
CITY-ST-ZIP	HADDENFIELD, NJ 00000	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLB, J.W.	NAME	
STREET ADDRESS	407 CHESTER AVE	STREET ADDRESS	
CITY-ST-ZIP	MOORESTOWN, NJ 00000	CITY-ST-ZIP	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIF, D.S.	NAME	
STREET ADDRESS	911 NE 2ND AVE	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	CITY-ST-ZIP	
TITLE	ST	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HESS, A	NAME	
STREET ADDRESS	2029 N OCEAN BLVD #503	STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	CITY-ST-ZIP	
TITLE	AST	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COPPOLA, K.T.	NAME	
STREET ADDRESS	525 CHESTNUT ST.	STREET ADDRESS	
CITY-ST-ZIP	MOORESOWN, NJ.	CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Art Hess (Controller) 3/22/00 (954) 782-8110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)