

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 19 PM 12:57

DOCUMENT # **J47114** (0)

1. Corporation Name  
**MARGATE LINCOLN MERCURY, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
% MR. L.E. PARENT-HOLMAN ENTERPRISES 2250 N STATE RD 7 MARGATE FL 33063	% MR. L.E. PARENT-HOLMAN ENTERPRISES 2250 N STATE RD 7 MARGATE FL 33063

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Zip	25 Country
29 Zip	30 Country

3. Date Incorporated or Qualified <b>12/15/1986</b>	3a. Date of Last Report <b>01/24/1994</b>
4. FEI Number <b>59-2759784</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PARENT, L.E. 911 N.E. 2ND AVENUE FT LAUDERDALE FL 33338				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when applicable) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMAN, J.S.	1.2 NAME	
STREET ADDRESS	350 STATION AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	HADDONFIELD NJ	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BENDER, J, R	2.2 NAME	
STREET ADDRESS	70950 SW 40 CT	2.3 STREET ADDRESS	
CITY - ST - ZIP	DAVIE FL	2.4 CITY - ST - ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARENT, L. E.	3.2 NAME	
STREET ADDRESS	1188 SEMINOLE DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL	3.4 CITY - ST - ZIP	
TITLE	ST	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLANI, D, J	4.2 NAME	
STREET ADDRESS	22719 BERMUDA WAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I 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)(a), 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or 13 as a change, or on an attachment with an address.

SIGNATURE: DANIEL J VILLANI 1/16/95 305-978-2277  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OR OFFICER OR DIRECTOR