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Mar 31 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **J47114** **(0)**

1. Corporation Name
MARGATE LINCOLN MERCURY, INC.

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 33063-5716**

3. Date Incorporated or Qualified: **12/15/1986**
3a. Date of Last Report: **02/19/1996**

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:

4. FEI Number: **59-2759784** ☐ 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

9. Name and Address of Current Registered Agent

REIF, DANIEL S
911 N.E. SECOND AVE.
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
84 City **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 (Typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	**CD**	☐ DELETE	1.1 TITLE	**ST**	☐ Change ☒ Addition
NAME	**HOLMAN, J.S.**		1.2 NAME	**DIXON, S.L.**	
STREET ADDRESS	**350 STATION AVENUE**		1.3 STREET ADDRESS	**9065B SW 20TH ST.**	
CITY-ST-ZIP	**HADDONFIELD NJ**		1.4 CITY-ST-ZIP	**BOCA RATON, FL 33428**	
TITLE	**VD**	☐ DELETE	2.1 TITLE		☐ Change ☐ 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**	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	**REIG, D. S.**		3.2 NAME		
STREET ADDRESS	**2041 NW 86TH TERRACE**		3.3 STREET ADDRESS		
CITY-ST-ZIP	**CORAL SPRINGS FL**		3.4 CITY-ST-ZIP		
TITLE	**ST**	☒ DELETE	4.1 TITLE		☐ Change ☐ 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		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: 3/24/97 (954)-978-2277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0148381