

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

FILED

**Jan 15 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 # 157698 (2)
1. Corporation Name
MIAMI LINCOLN MERCURY, INC.



Principal Place of Business C/O L.E. PARENT 8101 N W 7 AVE MIAMI FL 33150	Mailing Address C/O L.E. PARENT 8101 N W 7 AVE MIAMI FL 33150-2712
---	--

3. Date Incorporated or Qualified 04/08/1949	3a. Date of Last Report 02/14/1996
4. FEI Number 59-0873507	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	

2. Principal Place of Business 21 8101 N W 7th AVE	2a. Mailing Address 26 8101 N W 7th AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

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
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	ST DAGLIAN, R.W.	<input type="checkbox"/> DELETE
NAME	230 SE 10TH ST.	
STREET ADDRESS	POMPANO BEACH FL	
CITY-ST-ZIP		
TITLE	DC HOLMAN, J S	<input type="checkbox"/> DELETE
NAME	350 STATION AVE	
STREET ADDRESS	HADDONFIELD NJ	
CITY-ST-ZIP		
TITLE	DEV CSICSILA, PAUL L.	<input type="checkbox"/> DELETE
NAME	1092 LONGVIEW	
STREET ADDRESS	FT. LAUDERDALE FL	
CITY-ST-ZIP		
TITLE	DP PARENT, L E	<input checked="" type="checkbox"/> DELETE
NAME	1188 SEMINOLE DR	
STREET ADDRESS	FT LAUDERDALE FL	
CITY-ST-ZIP		
TITLE	ST COPPOLA, KEN T	<input type="checkbox"/> DELETE
NAME	525 CHESTNUT ST	
STREET ADDRESS	MORRISTOWN NJ	
CITY-ST-ZIP		
TITLE	S MULLIN, KATHY A	<input type="checkbox"/> DELETE
NAME	727 PADDOCK PATH	
STREET ADDRESS	MORRISTOWN NJ	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *A.W. Daglian* **A.W. Daglian** **1-7-97** **305-758-3377**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)