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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

2. Principal Place of Business

21 8101 N W 7th AVE

Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 8101 N W 7th AVE

Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

04/08/1949

3a. Date of Last Report

02/14/1996

4. FEI Number

59-0873507

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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:

R.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 #

0007260

CR2E034 (9/96)