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Feb 13, 1999 8:00am
Secretary of State

02-13-1999 90022 015 ***158.75



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 157698

1. Corporation Name
MIAMI LINCOLN MERCURY, INC.

Principal Place of Business 8101 NW 7TH AVE. 8101 N W 7 AVE MIAMI FL 33150 US	Mailing Address 8101 NW 7TH AVE. 8101 N W 7 AVE MIAMI FL 33150 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/08/1949	4. FEI Number 59-0873507	Applied For 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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (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	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	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 checked="" 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 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, with all other like empowered.

SIGNATURE: *R.W. Daglian* R.W. DAGLIAN 1-26-99 1-305-758-3377
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)