

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P38810 (8)**  
1. Corporation Name  
**MULLINAX LINCOLN-MERCURY OF MIAMI LAKES, INC.**



Principal Place of Business: **5825 N.W. 167TH STREET MIAMI LAKES FL 33015**  
Mailing Address: **5825 N.W. 167TH STREET MIAMI LAKES FL 33015**

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

3. Date Incorporated or Qualified: **05/14/1992**  
3a. Date of Last Report: **01/31/1995**  
4. FEI Number: **65-0329609**  
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

**C T CORPORATION SYSTEM  
1311 EXECUTIVE CENTER DR  
# 200  
TALLAHASSEE FL 33324**

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: **FL**

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 agent 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS  
1. TITLE: **PD**  
NAME: **MULLINAX, JERRY**  
STREET ADDRESS: **5825 NW 167TH ST**  
CITY-STATE-ZIP: **MIAMI LAKES FL 33015**  
2. TITLE: **SD**  
NAME: **MULLINAX, LARRY**  
STREET ADDRESS: **5852 NW 167TH ST**  
CITY-STATE-ZIP: **MIAMI LAKES FL 33015**  
3. TITLE: **VD**  
NAME: **O'BRIEN, PAT**  
STREET ADDRESS: **5852 NW 167TH ST**  
CITY-STATE-ZIP: **MIAMI LAKES FL 33015**  
4. TITLE: **T**  
NAME: **CANNADY, MICHAEL**  
STREET ADDRESS: **110 CHARLES AVE**  
CITY-STATE-ZIP: **AMHERST OH 44001**  
5. TITLE: **V**  
NAME: **FLORES, TIM**  
STREET ADDRESS: **5825 NW 167TH ST**  
CITY-STATE-ZIP: **MIAMI LAKES FL 33015**  
6. TITLE: **V**  
NAME: **SCOTT NICOLAS**  
STREET ADDRESS: **5825 NW 167TH ST**  
CITY-STATE-ZIP: **MIAMI LAKES FL 33015**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE: ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP  
2.1 TITLE: ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP  
3.1 TITLE: ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP  
4.1 TITLE: ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP  
5.1 TITLE: ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP  
6.1 TITLE: ☐ Change ☒ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

14. I do 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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MICHAEL L. CANNADY 2/9/96 305-556-2500**

Date

Daytime Phone

CR2E034 (12/95)

PS 3/18/96