FILE NOW: FILING FEE AFTER MAY 1 IS \$550 00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT F STA

Sandra B. Mørtiem *

Secretary of State

DIVISION OF CORPORE TIONS

1997

DOCUMENT # P95000063322 (8)

LINCOLN PARK AUTO SALES, INC.

Principal Place of Business Mailing Address

223 WOODINGHAM LANE

VENICE FL 34292

VENICE FL 34292-3929

FILED May 15 1997 8:00am Secretary of State



VENICE FL 342	82	VENICE FL 34292-3929	ı					
					3. Date incorporated or Qualified 08/16/1995	3a. Date of Last Report 08/20/1996		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 65-060	4280	IA L	oplied For
21		26		APPLIED FOR	,		ot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	e	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip 24	Country 25	7 (p)	Countr 30	y	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
	9, Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Ag	ent	
1201	PORATION SERVICE COMPAN' I HAYS STREET .AHASSEE FL 32301-2525	1	81		dress (P.O. Box Number is Not Acceptab	ile)		
IAU	ANAGOEE PL 92901-2929		83					
			84	1		FL		Code
SIGNATURE	Signature, typod or printed narry registed a	ection the trapplicable (NO	11 Registered Aç		rporation submits this statement for the pation's board of directors. I hereby acception to the patient of the	4-1	1-9	フ
12.		ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFIC			RS IN 12 Addition
TITLE	D AUCIELLO, PHILIP V	ר"ז DECEIE	1.1 TPUF] Change	Aodition
NAME	4725 33RD STREET WEST		1.2 NAME					
STREET ADDRESS CITY-ST-ZIP	BRADENTON FL 34207			1 ADDRESS				
TITLE	D DIVIDENTION TE 04201	☐ DELETE	2.1 TITLE	51-70			Change	Addition
NAME	BRIGANDI, DAVID		2 2 NAME			L	, onlings	
STREET ADDRESS	223 WOODINGHAM LANE			T ADDRESS				
CITY-ST-ZIP	VENICE FL 34292		2. 4 CHY-					
TITLE		☐ DELE1E	3.1 101.0				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STHEF	T ADDRESS				
CITY-ST-ZIP			3.4. CiTY-	ST-ZIF			1-2	
TITLE		☐ DELETE	4.1 THUE			L] Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			1	1 ADDRESS				
CITY-ST-ZIP TITLE		DELFTE	4.4 CITY - 5.1 TITLE	S1-7IP			Change	Addition
NAME		L bett t€	5.3 HILE 5.2 NAME			L	4 Outdings	L) AUUIIIUII
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP			5.4 CITY-					
TITLE		DELETE	6.1 TITLE	51 17			Change	Addition
NAME		_	G 2 NAME	ĺ			•	
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP			6.4 DITY-					

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 suppliemental 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 compitation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if offeriord, or an an attachment with an address.

4-14 4- 941 2550895