

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90152 005 ***150.00

DOCUMENT # **P97000039876**

1. Corporation Name

PINES LINCOLN MERCURY, INC.



Principal Place of Business

Mailing Address

**7411 MAPLE AVENUE
P.O. BOX 1400
PENNSAUKEN NJ 08109**

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P.O. BOX 1400
PENNSAUKEN NJ 08109**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1997

4. FEI Number

58-2321072

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 owes the current year intangible
Personal Property Tax.

Yes ☐ No ☒

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**REIF, DANIEL S
C/O HOLMAN ENTERPRISES
911 N.E. SECOND AVENUE
FT. LAUDERDALE FL 33304**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DC** ☐ DELETE
NAME **HOLMAN, J S**
STREET ADDRESS **350 STATION AVE**
CITY-ST-ZIP **HADDONFIELD NJ**

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **KOLB, J W**
STREET ADDRESS **407 CHESTER AVENUE**
CITY-ST-ZIP **MOORESTOWN NJ 08057**

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **HOLMAN, M K**
STREET ADDRESS **14 KENDLES RUN ROAD**
CITY-ST-ZIP **MOORESTOWN NJ 08057**

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE **DP** ☐ DELETE
NAME **REIF, D S**
STREET ADDRESS **2041 N.W. 86TH TERRACE**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE **S** ☐ DELETE
NAME **MULLIN, K.A.**
STREET ADDRESS **757 PADDOCK PATH**
CITY-ST-ZIP **MOORESTOWN NJ 08057**

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE **T** ☐ DELETE
NAME **COPPOLA, K.T.**
STREET ADDRESS **525 CHESTNUT AVE.**
CITY-ST-ZIP **MOORESTOWN NJ 08057**

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

K.T. Coppola

Date

Daytime Phone #

609-663-1200

CR2E034 (1/1/98)