

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **H87677 (1)**

1. Corporation Name
LINCOLN MESSENGER SERVICE, INC.

Principal Place of Business Mailing Address
**160 S UNIVERSITY DR #F
P O BOX 5948
FT LAUDERDALE FL 33324**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/02/1985** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2613559** 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

2. Principal Place of Business 2a. Mailing Address
21 **3403 NW 9th Ave** 26 **P.O. Box 5948**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **803** 27
City & State City & State
23 **Fort Lauderdale FL** 28 **Ft Lauderdale FL**
Zip Country Zip Country
24 **33309** 25 **BROWARD USA** 29 **33310** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LYNN, TERRENCE J.
160 SO UNIVERSITY DR.
PLANTATION FL 33324**

81 Name **Terrence J. Lynn, Sr.**
82 Street Address (P.O. Box Number Not Acceptable) **3403 NW 9th Ave #803**
83 **Suite 803**
84 City **Ft Lauderdale** FL 85 Zip Code **33309**

11. Pursuant to the provisions of Sections 607.0602 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE **Terrence J. Lynn Sr., President**
Signature Type or printed name of officer and the tax code (P.O. Box Number Not Acceptable) **6-6-95**
Date

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	LYNN, TERRENCE J.
STREET ADDRESS	160 SO UNIVERSITY DR
CITY, ST, ZIP	PLANTATION FL
TITLE	PTD
NAME	LYNN, JANET M
STREET ADDRESS	160 SO UNIVERSITY DR.
CITY, ST, ZIP	PLANTATIN FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PROS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Lynn Terrence J.	
13 STREET ADDRESS	3403 NW 9th Avenue Suite 803	
14 CITY, ST, ZIP	Ft Lauderdale FL 33309	
21 TITLE	Lynn, Janet M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	3403 NW 9th Ave Suite 803	
23 STREET ADDRESS	Ft Lauderdale FL 33309	
24 CITY, ST, ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY, ST, 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)(a), 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: **Terrence J. Lynn Pro**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/4/95 305561-8244

CR2E034 (3/95)