

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000004901 (4)

1. Corporation Name
LINCOLN TOWERS CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: **1300 LINCOLN ROAD MIAMI BEACH FL 33139**
 Mailing Address: **1300 LINCOLN ROAD MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified: **09/29/1994**
 3a. Date of Last Report: **06/20/1995**

2. Principal Place of Business: **21 C/O DCI**
 2a. Mailing Address: **26 2901 SIMMS STREET**

4. FEI Number: **65-0580583**
 Applied For: Not Applicable

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23 HOLLYWOOD, FL**
 28. HOLLYWOOD, FL

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24 33020** Country: **25 USA**
 29. 33020 30. USA

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
HOWARD, EUGENE
1300 LINCOLN ROAD
MIAMI BEACH FL 33139
ANDREW MYEROWITZ
C/O DEVELOPMENT CONSULTANTS, INC
2901 SIMMS STREET
HOLLYWOOD, FL 33020

10. Name and Address of New Registered Agent
81 Name: ANDREW MYEROWITZ, C/O DCI
82 Street Address (P.O. Box Number is Not Acceptable): 2901 SIMMS STREET
83
84 City: HOLLYWOOD FL 85 Zip Code: 33020

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0603, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **8/8/96**
 (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PD	<input type="checkbox"/>
NAME	HOWARD, EUGENE J	
STREET ADDRESS	1111 LINCOLN ROAD 8TH FLOOR	
CITY - ST - ZIP	MIAMI BEACH FL 33139	
TITLE	SD	<input type="checkbox"/>
NAME	WERNER, MICHAEL B	
STREET ADDRESS	1111 LINCOLN ROAD 8TH FLOOR	
CITY - ST - ZIP	MIAMI BEACH FL 33139	
TITLE	TD	<input type="checkbox"/>
NAME	GARFINKLE, DAVID	
STREET ADDRESS	1111 LINCOLN ROAD 8TH FLOOR	
CITY - ST - ZIP	MIAMI BEACH FL 33139	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	P/D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	PONTILLO, RICARDO A.		
13 STREET ADDRESS	1300 LINCOLN ROAD UNIT A-701		
14 CITY - ST - ZIP			
21 TITLE	S/D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
22 NAME	LOPEZ, GLADYS		
23 STREET ADDRESS	1300 LINCOLN ROAD UNIT B-502		
24 CITY - ST - ZIP	MIAMI BEACH, FL 33139		
31 TITLE	T/D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
32 NAME	MATUTE, FRANCISCO		
33 STREET ADDRESS	1300 LINCOLN ROAD UNIT E-805		
34 CITY - ST - ZIP	MIAMI BEACH, FL 33139		
41 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
42 NAME			
43 STREET ADDRESS			
44 CITY - ST - ZIP			
51 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
52 NAME			
53 STREET ADDRESS			
54 CITY - ST - ZIP			
61 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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)(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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address

SIGNATURE: *[Signature]* DATE: _____ Daytime Phone #: _____
 SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)