

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

**FILED**

**Apr 01 1998 8:00am  
Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000104773 (1)**  
 1. Corporation Name  
**429 LINCOLN RETAIL INC.**



Principal Place of Business <b>4100 NORTH 28TH TERRACE HOLLYWOOD FL 33021</b>	Mailing Address <b>4100 NORTH 28TH TERRACE HOLLYWOOD FL 33021</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>429 Lincoln Rd</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>4100 N. 28 Terrace</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>12/12/1997</b>	
22 City & State <b>Miami Beach</b>		27 City & State <b>Hollywood FL</b>		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
23 Zip <b>33139</b> 25 Country <b>Dade</b>		29 Zip <b>33020</b> 30 Country <b>Broward</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
9. Name and Address of Current Registered Agent <b>STONE, ADELE I ESQ 1946 TYLER STREET HOLLYWOOD FL 33020</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Secretary SHAUL ZISLIN</b>	1.2 NAME	→
STREET ADDRESS	<b>4100 N. 28 Terrace</b>	1.3 STREET ADDRESS	→
CITY-ST-ZIP	<b>Hollywood FL 33020</b>	1.4 CITY-ST-ZIP	→
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Doron Malinasky</b>	2.2 NAME	→
STREET ADDRESS	<b>4100 N. 28 Terrace</b>	2.3 STREET ADDRESS	→
CITY-ST-ZIP	<b>Hollywood FL 33020</b>	2.4 CITY-ST-ZIP	→
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE:  **3/25/98 (954) 926-6666**

CR2E034 (10/97)