

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000019510 (3)

1. Corporation Name

LINCOLN GARDEN CAFE, INCORPORATED



Principal Place of Business

Mailing Address

2901 W. BUSCH BLVD.  
#1020  
TAMPA FL 33618

2901 W. BUSCH BLVD.  
#1020  
TAMPA FL 33618

3. Date Incorporated or Qualified

3a. Date of Last Report

03/10/1995

2. Principal Place of Business

2a. Mailing Address

21 26 5315 Avenal Drive

4. FEI Number

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

City & State

23 28 Lutz FL

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 25 29 30 335219 Hillsborough

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAYES, LEE ANN  
2901 W. BUSCH BLVD.  
#1020  
TAMPA FL 33618

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

Lee Ann Hayes

7-23-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE 0 DELETE  
NAME HAYES, LEE ANN  
STREET ADDRESS 2901 W. BUSCH BLVD., #1020  
CITY - ST - ZIP TAMPA FL 33618

TITLE DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE DELETE  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

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

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

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

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

61 TITLE Change Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP Change Addition

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 as changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Display Phone #

CR2E034 (3/96)