

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000036779 (4)

1. Corporation Name
582 LINCOLN CORPORATION

Principal Place of Business

19810 SAWGRASS DR
#402
BOCA RATON FL 33434
US

Mailing Address

19810 SAWGRASS DR
#402
BOCA RATON FL 33434-3302
US

3. Date Incorporated or Qualified
05/16/1994

3a. Date of Last Report
05/21/1996

2. Principal Place of Business

21 7100 W. CAMINO REAL

Suite, Apt. #, etc.
+ 400

22 City & State

23 BOCA RATON, FL

Zip

24 33433-5535

Country

25 USA

2a. Mailing Address

26 7100 W. CAMINO REAL

Suite, Apt. #, etc.
400

27 City & State

28 BOCA RATON, FL

Zip

29 33433-5535

Country

30 USA

4. FEI Number
65-0496776

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. 190.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

MADDEN, JOHN B
19810 SAWGRASS DRIVE
BOCA RATON FL 33434

81 Name

JOHN L. MADDEN

82 Street Address (P.O. Box Number is Not Acceptable)

7100 W. CAMINO REAL STE 400

83

84 City

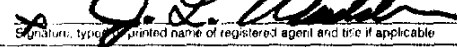
BOCA RATON FL

85 Zip Code

33433-5535

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



JOHN L. MADDEN, SEC.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME MADDEN, STEVEN H
STREET ADDRESS 300 MERCER ST 21-A
CITY-ST-ZIP NEW YORK NY 10003-6739

TITLE DS
NAME MADDEN, JOHN B
STREET ADDRESS 19810 SAWGRASS DR #402
CITY-ST-ZIP BOCA RATON FL 33434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE JOHN DIABATH / SECRETARY
2.2 NAME JOHN L. MADDEN
2.3 STREET ADDRESS 7100 W. CAMINO REAL STE 400
2.4 CITY-ST-ZIP BOCA RATON, FL 33433-5535

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:



JOHN L. MADDEN

Date

Daytime Phone #

0318885

CR2E034 (9/96)