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

PROFIT CORPORATION ANNUAL REPORT

1997

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 200713

(6)

LINCOLN COURT APARTMENT COMPANY

| Suite. Apt. #, etc.    Suite. Apt. #, etc.   Suite. | Principal Place                                   | of Business   | Ma∃ing Address  |  |                 |                               | U TROUTO, 21914 ORIȚE DONIN BOBOL HIBOO NIII ALBUI OLOXI GEGET OVOIT OLUTI OVOLE IDOK   |                    |                      |                           |  |
|--|---|---|---|--|-----------------|-------------------------------|---|--------------------|----------------------|---------------------------|--|
| State   Stat   |   |   |   |  |                 |                               |   |                    |                      |                           |  |
| Principle Place of this ness   |   |   |   |  |                 |                               | · ·   |                    |                      | Report                    |  |
| Super April   Git   Substant      | 2 Dringmal Di-                                    | see at the need   | 20 Mailing Adornee  |  |                 |                               |   | 1 01/20            |                      |                           |  |
| Solicy April # Git   | 21  |   |   |  |                 |                               |   |                    | <del></del>          | <del>'</del>              |  |
| City & State:  City & | Suite Apt #                                       |   | ***************************************                               | A MANAGEMENT CONTRACTOR CONTRACTO |                 |                               | \$8.75 Additional   |                    |                      |                           |  |
| Clay & State     Clay & State     2  | 22  |   | 27  | 27   |                 |                               | 5. Certificate of Status Desired  |                    |                      |                           |  |
| Country   Zep   Country   20   30   S. This corporation has liability for intengible tax under s. 199.032, page 3   30   S. This corporation has liability for intengible tax under s. 199.032, page 3   30   S. This corporation has liability for intengible tax under s. 199.032, page 3   30   S. This corporation has liability for intengible tax under s. 199.032, page 3   30   S. This corporation has liability for intengible tax under s. 199.032, page 3   No. 199. Name and Address of New Registered Agent   10. Name and Address   10   |   |   | City & State  |  |                 |                               | 6. Election Campaign Financing  |                    | \$5.00               | May Be                    |  |
| 28   | 23  |   |   | 7 - 2  |                 |                               |   |                    |                      |                           |  |
| S. Name and Address of Current Registered Agent  WILENSKY, DANIEL F 2212 SMULLIAN TRAIL N JACKSONVILLE, FL 32217  B4 City  FL B5 Zirote Address (P.O. Box Number is Not Acceptable)  B4 City  FL B5 Zirote Address (P.O. Box Number is Not Acceptable)  B4 City  FL B5 Zirote Address (P.O. Box Number is Not Acceptable)  B4 City  FL B5 Zirote Address (P.O. Box Number is Not Acceptable)  B4 City  FL B5 Zirote Address (P.O. Box Number is Not Acceptable)  B4 City  FL B5 Zirote Address (P.O. Box Number is Not Acceptable)  B4 City  FL B5 Zirote Address (P.O. Box Number is Not Acceptable)  B4 City  FL B5 Zirote Address (P.O. Box Number is Not Acceptable)  B4 City  FL B5 Zirote Address (P.O. Box Number is Not Acceptable)  B5 Zirote Address (P.O. Box Number is Not Acceptable)  B5 Zirote Address (P.O. Box Number is Not Acceptable)  B5 Zirote Address (P.O. Box Number is Not Acceptable)  B5 Zirote Address (P.O. Box Number is Not Acceptable)  B5 Zirote Address (P.O. Box Number is Not Acceptable)  B5 Zirote Address (P.O. Box Number is Not Acceptable)  B5 Zirote Address (P.O. Box Number is Not Acceptable)  B5 Zirote Address (P.O. Box Number is Not Acceptable)  B5 Zirote Address (P.O. Box Number is Not Acceptable)  B5 Zirote Address (P.O. Box Number is Not Acceptable)  B6 Zirote Address (P.O. Box Number is Not Acceptable)  B6 Zirote Address (P.O. Box Number is Not Acceptable)  B6 Zirote Address (P.O. Box Number is Not Acceptable)  B6 Zirote Address (P.O. Box Number is Not Acceptable)  B6 Zirote Address (P.O. Box Number is Not Acceptable)  B7 Zirote Address (P.O. Box Number is Not Acceptable)  B7 Zirote Address (P.O. Box Number is Not Acceptable)  B7 Zirote Address (P.O. Box Number is Not Acceptable)  B7 Zirote Address (P.O. Box Number is Not Acceptable)  B7 Zirote Address (P.O. Box Number is Not Acceptable)  B7 Zirote Address (P.O. Box Number is Not Acceptable)  B7 Zirote Address (P.O. Box Number is Not Acceptable)  B7 Zirote Address (P.O. Box Number is Not Acceptable)  B7 Zirote Address (P.O. Box Number is Not Acceptable)  B7 Zirote |   | ······1   | h   |  | untry           |                               |   |                    |                      | s. 199,032,               |  |
| WILENSKY, DANIEL F 212 SMUTLLAN TRAIL N JACKSONVILE, FL 32217  ### City ### | 24  |   |   |  |                 |                               |   |                    |                      |                           |  |
| 2212 SMULLIAN TRAIL N JACKSONVILLE, FL 32217  80  81  81  82  83  84  84  85  85  86  86  87  87  87  88  88  88  88  88   | Wil C   |   | on nogoto on ngont  |  | 61              | Name                          |   | g. 0. 0. 0 0 7 1 g |                      |                           |  |
| JACKSONNILE, FL 32217  B3  City  FL  B5  City  City  FL  B5  City  City  FL  B5  City  City  FL  B5  City  City  FL  B5  City  FL  B5  City  City  City  FL  B5  City  City  City  FL  B5  City  C |   |   |   |  |                 |                               |   |                    |                      |                           |  |
| Salary   S   |   |   |   |  | 82              | Street Add                    | dress (P.O. Box Number is Not Acceptat  | ole)               |                      |                           |  |
| But   P  |   |   |   |  | 63              |                               |   |                    |                      |                           |  |
| IT. Furnament to the previsions of Scribons 607 05/02 and 607 15/08 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered digital, or both in this State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered again. I am ternitor with, and accept the collegations of, Section 607 05/05, Florida Statutes.    Internation with, and accept the collegations of, Section 607 05/05, Florida Statutes.   International statutes   I | 5221  | •   |   |  | 0.4             | City                          |   |                    | 7.0                  | Code                      |  |
| office or registered agent, or both in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent and the registered agent and the registered agent accept the obligations of, Sociolo 607 0505, Florida Statutos.    SIGNATURE  |   |   |   |  | 04              | City                          |   | FL ľ               | 15 Zip               | Code                      |  |
| AGENT Lam Tetrificar with, and accept the obligations of, Section 607 0505, Florida Statutes    NOTE Forgramed Agent signature introvined when reinstating)  | 11. Pursuant to                                   | o the provisions of Sections 607.0  | 502 and 607.1508. Florida Statu                                       | ites, the a  | above           | named cor                     | poration submits this statement for the p   | urpose of ch       | anging               | its registered            |  |
| NOTE Registered Agent signature recorded without registation (PATE Registered Agent signature recorded without nerestations)   DATE  | agent. Lan  | rgistered agent, or born, in the Sta<br>n familiar with, and accept the obl   | are of Florida. Such change was<br>ligations of, Section 607 0505, F  | lorida Sta   | ea by<br>stutes | the corpora                   | ation's todard or directors, I hereby accept  | n the appoin       | iment as             | s registered              |  |
| NOTE   Registered Aport Special partial policy algorithms   Note   Registered Aport signature (required when reinstating)   DATE   | SIGNATURE   |   |   |  |                 |                               |   |                    |                      |                           |  |
| VP   |   |   |   |  |                 | nt signature requ             |   |                    |                      |                           |  |
| WILENSKY, WILLIAM R.   12 MAME   13 STREET ADDRESS   13 STREET ADDRESS   14 CITY - ST - ZIP     THE  | 12.   |   |   |  |                 |                               | ADDITIONS/CHANGES TO OFFIC  |                    |                      |                           |  |
| 13 STREET ADDRESS   1916 ATLANTIC BLVD   1.3 STREET ADDRESS   1.4 CITY-ST-ZIP  |   | ••  | ☐ DECENT  |  |                 |                               |   | L                  | j Glianys            | L. AUGILION               |  |
| MANAGE   P   |   |   |   | •  |                 | 100000                        |   |                    |                      |                           |  |
| P  |   |   |   |  |                 |                               |   |                    |                      |                           |  |
| MILENSKY, DANIEL F.   1916 ATLANTIC BLVD   23 STREET ADDRESS   24 CITY-ST-ZIP  | TITLE   | P   | DELETE  |  |                 | 1-217                         |   |                    | Change               | ☐ Addition                |  |
| 1916 ATLANTIC BLYD   23 STREET ADDRESS   2 4 CHY-ST-ZIP  | NAME  | WILENSKY, DANIEL F.   |   | 2.21   | NAME            |                               |   |                    |                      |                           |  |
|  | STREET ADDRESS                                    |   | ,   | 2.3 \$   | STREET          | ADDRESS                       |   |                    |                      |                           |  |
| 3.2 NAME     3.2 NAME     3.2 NAME     3.3 STREET ADDRESS     3.3 STREET ADDRESS     3.4 CITY-ST-ZIP   | CITY - ST - 7IP                                   | JACKSONVILLE FL   |   | 2.4  | CHTY-S          | ST-ZIP                        |   |                    |                      |                           |  |
| 3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   | TITLE   | ***************************************                                       | DELETE  | 3.1 TITLE  |                 |                               |   |                    | Change               | Addition                  |  |
| 34 CITY-ST-ZIP   | NAME  |   |   | 3.2 (  | NAME            |                               |   |                    |                      |                           |  |
| DELETE   | STREET ACORESS                                    |   |   | 3.3 9  | STREET          | ADDRESS                       |   |                    |                      |                           |  |
| A 2 NAME   | City - St - ZIP                                   |   |   |  |                 | T-ZIP                         |   |                    | 1 2.                 | [ ]                       |  |
|  | ALLTE   |   | □ DELETE  |  |                 |                               |   | L                  | j Change             | LJ Addition               |  |
|  | NAME<br>Chart Absolute                            |   |   |  |                 | *DDDCCC                       |   |                    |                      |                           |  |
| DELETE   |   |   |   |  |                 | i                             |   |                    |                      |                           |  |
| SAME   | TITLE   |   | DELETE  |  | ~               | 1-217                         |   | <u> </u>           | Change               | Addition                  |  |
| 5.3 STREET ADDRESS   | NAME  |   |   |  |                 |                               |   | ···                |                      |                           |  |
|  | STREET ADDRESS                                    |   |   |  |                 | AODRESS                       |   |                    |                      |                           |  |
| TITLE DELETE 6.1 TITLE Change Addition   | CITY-ST-ZIP                                       |   |   |  |                 |                               |   |                    | -                    |                           |  |
| AAME 6.2 NAME  | TOTLE   |   | ☐ DELETE  |  |                 |                               |   | [                  | Change               | Addition                  |  |
| · • • • • • • • • • • • • • • • • • • •  | NAME  |   |   | 6.21   | NAME            |                               |   |                    |                      |                           |  |
| SIRRET ADDRESS 6.3 STREET ADDRESS  | SUBSET ADDRESS                                    |   |   | 6.3  | STREET          | ADDRESS                       |   |                    |                      |                           |  |
|  | CITY-ST ZIF                                       |   |   |  | ******          |                               |   |                    |                      |                           |  |
| 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   | <ul> <li>14. I do hereb<br/>informatio</li> </ul> | iy certify that the information supply<br>ning-cated on this annual report of | hed with this filing does not qua<br>or supplemental annual report is | dify for the<br>true and   | e exe           | mption state<br>trate and the | ed in Section 119.07(3)(i), Florida Statute<br>at my signature shall have the same lega | s. I further of    | artify tha<br>made u | it the<br>nder 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.   | Lam an of   | licer or director of the cornoration  | or the receiver or trustee emoc                                       | wered to   | exec            | ute this repo                 | ort as required by Chapter 607, Florida S   | Statutes; and      | that my              | name                      |  |