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CORPORATION
ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:11

DOCUMENT # 221413 (8)

1. Corporation Name
LINCOLN GROVES, INC.

Principal Place of Business
1110 W IVANHOE BLD
#26
ORLANDO FL 32804
US

Mailing Address
1110 W IVANHOE BLD
#26
ORLANDO FL 32804
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/14/1959
3a. Date of Last Report: 03/25/1994

2. Principal Place of Business
21 1110 W. Ivanhoe Blvd
22 Suite, Apt. #, etc. 26
23 City & State Orlando Fla
24 Zip 32804
25 Country Orange

2a. Mailing Address
26 1110 W. Ivanhoe Blvd
27 Suite, Apt. #, etc. 26
28 City & State Orlando, Fl
29 Zip 32804
30 Country Orange

4. FEI Number 59-6064608 — 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. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
WISE, ZELIG O.
3813 LAKE SARAH DRIVE
ORLANDO FL 32804

10. Name and Address of New Registered Agent
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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [illegible] DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WITTENSTEIN, JOSEPH	1.2 NAME	
STREET ADDRESS	1812 INVAHOE RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	1.4 CITY-ST-ZIP	
TYPE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	WISE, ZELIG O.:	2.2 NAME	
STREET ADDRESS	3813 LAKE SARAH DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	2.4 CITY-ST-ZIP	
TYPE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	WISE, ABE O.	3.2 NAME	
STREET ADDRESS	1501 ANCHOR CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 00000	3.4 CITY-ST-ZIP	
TYPE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	BLUMBERG, JOAN	4.2 NAME	
STREET ADDRESS	12091 43RD ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TYPE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	RAIDER, MARTHA	5.2 NAME	
STREET ADDRESS	52 HAROLD ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SHARON MA	5.4 CITY-ST-ZIP	
TYPE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ALBERT, THEODORE M	6.2 NAME	
STREET ADDRESS	12 PEPPER BUSH CIR	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained in 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 is added, preceded with an address.

SIGNATURE: Zelig O. Wise 3/7/95 (407) 293-8214
SIGNATURE AND TYPED OR PRINTED NAME OF BONING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER
ZELIG O. WISE

0417362 FP