

2-21 97 B-21661-C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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

3. Date Incorporated or Qualified
05/14/1959

3a. Date of Last Report
03/04/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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 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

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME WITTENSTEIN, JOSEPH
STREET ADDRESS 1812 INVAHOE RD
CITY-ST-ZIP ORLANDO, FL 00000

TITLE STD ☐ DELETE

NAME WISE, ZELIG O.:
STREET ADDRESS 3813 LAKE SARAH DR
CITY-ST-ZIP ORLANDO, FL 00000

TITLE VD ☐ DELETE

NAME WISE, ABE O.
STREET ADDRESS 1501 ANCHOR CT.
CITY-ST-ZIP ORLANDO, FL 00000

TITLE D ☐ DELETE

NAME BLUMBERG, JOAN
STREET ADDRESS 12091 43RD ST.
CITY-ST-ZIP ORLANDO FL

TITLE D ☐ DELETE

NAME RAIDER, MARTHA
STREET ADDRESS 52 HAROLD ST.
CITY-ST-ZIP SHARON MA

TITLE D ☐ DELETE

NAME ALBERT, THEODORE M
STREET ADDRESS 12 PEPPER BUSH CIR
CITY-ST-ZIP SAVANNAH GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/97 1407293-82/4
Date Daytime Phone #

CR2E034 (9/96)