

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 MAR -1 AM 9:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **346621** (6)

1. Corporation Name

LINCOLN CENTURY BUILDERS OF FLORIDA, INC.

Principal Place of Business

36 S.E. FIRST STREET
MIAMI FL 33131

Mailing Address

36 S.E. FIRST STREET
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/21/1969	3a. Date of Last Report 02/15/1994
4. FBI Number 59-1267321	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26 4045 Sheridan Avenue
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. 245
23 City & State	28 City & State Miami Beach, Florida
24 Zip	29 Zip 33140
25 Country	30 Country USA

9. Name and Address of Current Registered Agent QUITTNER, JEFFREY L. 36 SE FIRST ST MIAMI FL 33131	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 4045 Sheridan Avenue #245 83 84 City Miami Beach FL 85 Zip Code 33140
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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) DATE _____ (Typed Name of Registered Agent, signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12:	
12.1 NAME PS QUITTNER, JEFFREY L.	12.2 STREET ADDRESS 36 SE FIRST ST MIAMI FL	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME
12.3 NAME VT QUITTNER, ROBERT M.	12.4 STREET ADDRESS 36 SE FIRST ST MIAMI FL	1.3 STREET ADDRESS 4045 Sheridan Avenue #245 Miami Beach, FL 33140	1.4 CITY-ST-ZIP
12.5 NAME	12.6 STREET ADDRESS	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME
12.7 NAME	12.8 STREET ADDRESS	2.3 STREET ADDRESS 4045 Sheridan Avenue #245 Miami Beach, FL 33140	2.4 CITY-ST-ZIP
12.9 NAME	12.10 STREET ADDRESS	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME
12.11 NAME	12.12 STREET ADDRESS	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
12.13 NAME	12.14 STREET ADDRESS	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME
12.15 NAME	12.16 STREET ADDRESS	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
12.17 NAME	12.18 STREET ADDRESS	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME
12.19 NAME	12.20 STREET ADDRESS	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
12.21 NAME	12.22 STREET ADDRESS	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME
12.23 NAME	12.24 STREET ADDRESS	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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 110.07(3)(b), 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 on the oath, and I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in any attachment with an addition.

SIGNATURE: Jeffrey Quittner **JEFFREY QUITTNER** 2/23/95 (305) 931-3535
(Typed Name of Registered Agent, signature required when changing)