

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **346621** (6)  
1. Corporation Name:  
**LINCOLN CENTURY BUILDERS OF FLORIDA, INC.**



Principal Place of Business

Mailing Address

4045 SHERIDAN AVE  
SUITE 245  
MIAMI BEACH FL 33140

4045 SHERIDAN AVE.  
SUITE 245  
MIAMI BEACH FL 33140

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 County

28 Zip

29 County

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/21/1969

3a. Date of Last Report

03/01/1995

4. FEI Number

59-1267321

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

10. Name and Address of New Registered Agent

QUITTNER, JEFFREY L.  
4045 SHERIDAN AVE.  
SUITE 245  
MIAMI FL 33140

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 607.0500 and 607.0504, 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 607.0504, Florida Statutes.

SIGNATURE

Signature of person filing this report (Print Name)

Signature of Registered Agent (Print Name)

Date

12. OFFICERS AND DIRECTORS

12.1 TITLE	PS	<input type="checkbox"/> DELETE
12.2 NAME	QUITTNER, JEFFREY L.	
12.3 STREET ADDRESS	4045 SHERIDAN AVE. #245	
12.4 CITY, ST., ZIP	MIAMI BEACH FL 33140	
12.5 TITLE	VT	<input type="checkbox"/> DELETE
12.6 NAME	QUITTNER, ROBERT M.	
12.7 STREET ADDRESS	4045 SHERIDAN AVE. #245	
12.8 CITY, ST., ZIP	MIAMI BEACH FL 33140	
12.9 TITLE		<input type="checkbox"/> DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY, ST., ZIP		
12.13 TITLE		<input type="checkbox"/> DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY, ST., ZIP		
12.17 TITLE		<input type="checkbox"/> DELETE
12.18 NAME		
12.19 STREET ADDRESS		
12.20 CITY, ST., ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME		
13.3 STREET ADDRESS		
13.4 CITY, ST., ZIP		
13.5 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME		
13.7 STREET ADDRESS		
13.8 CITY, ST., ZIP		
13.9 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME		
13.11 STREET ADDRESS		
13.12 CITY, ST., ZIP		
13.13 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME		
13.15 STREET ADDRESS		
13.16 CITY, ST., ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. 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 Book 12 or Book 13 if change of location is attached with an address.

SIGNATURE: J.L. QUITTNER  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/96

531-3535

CR2E034 (12/95)