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FILED
May 05 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 # **681371 (1)**
1. Corporation Name:
LINCOLN PROPERTY COMPANY OF FLORIDA, INC.



Principal Place of Business: **1505 FEDERAL ST DALLAS TX 75201 US**
Mailing Address: **PO BOX 1920 DALLAS TX 75221-1920**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/07/1980	3a. Date of Last Report 05/30/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 75-1715198	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VST	<input type="checkbox"/> DELETE
NAME	DAVIS, NANCY A.	
STREET ADDRESS	1505 FEDERAL ST	
CITY - ST - ZIP	DALLAS TX 75201	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MOOTER, K E	
STREET ADDRESS	1505 FEDERAL ST	
CITY - ST - ZIP	DALLAS TX 75201	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	POGUE, MACK	
STREET ADDRESS	1505 FEDERAL ST	
CITY - ST - ZIP	DALLAS TX 75201	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	DUVALL, WILLIAM	
STREET ADDRESS	1505 FEDERAL ST	
CITY - ST - ZIP	DALLAS TX 75201	
TITLE	S	<input type="checkbox"/> DELETE
NAME	EVERETT, LEIGH ANN	
STREET ADDRESS	1505 FEDERAL ST	
CITY - ST - ZIP	DALLAS TX 75201	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Leigh Ann Everett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Asst. Secretary 4-9-97 (214) 740-4440
Date Day-mo-Year #

CF2E034 (9/96)