## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



LINCOLN PROPERTY COMPANY OF FLORIDA, INC.

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90068 017 \*\*\*150.00

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							AND BIBLION IN I	ARI UUU NK
Principal Place	e of Business	Mailing Address	<b>;</b>					
505 FEDERAL		PO BOX 1920						
DALLAS TX 752				DO NOT WRITE IN THIS SPACE				
JS						3. Date Incorporated or Qualifed		
						08/07/1980		
2. Princinal O	lace of Business	2a. Mailing Add	ress			4. FEI Number	I An	plied For
z. Frincipai -i	——————————————————————————————————————		.000			} <u> </u>		t /pplicable
1 26 Suite, Ap : #, etc. Suite, Apt. #, etc.		. etc.				\$8.75		
- Odite, Ap .	Suite, Ap . #, etc.		,			5. Certifca e of Status Desired	Fee Re	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be	
3	28					Trust Fund Contribution	Added t	•
Zip _	Country	Zip		Country		8. This corporation owes the current year to	tangible	
a]	25	29	30	1		Personal Property Tax.	Yes	[]No
<del></del>	9. Name and Address of Curre					10. Name and Address of New Registered	Agent	
				81	Name			
CTO	CORPORATION SYSTEM			00	01-11-11-11-11-11-11-11-11-11-11-11-11-1	(D.O. Day Muscharia Not Aggartable)		
	SOUTH PINE ISLAND ROAD			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
	NTATION FL 33324			83				
							_,	
				84	City	Fı	85 Zip (	Code
44 6	to the control of Continue 507 DS	502 and 607 1509 Flor	ida Staturos	the above	a-named com	poration submits this statement for the purpose of	<b>-</b> 1 1.	registered
Office or n	egistered agent, or both, in the State m familiar with, and accept the oblig	e o Florida. Such char	ide was autho	orized by	the corporation	on's board of directors. I hereby accept the appo	intment as re	gistered
		, ,						
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable.	(NOTI: Rec	gistered Agen	t signature require	ed when reinstating) DATE		- <del></del> -
12.	OFFICERS A	NE DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	VST	[] (	ELETE	1.1 TITLE			Change	Addition
NAME	DAVIS, NANCY A.			1.2 NAME				
STREET ADDRE 3S	1505 FEDERAL ST			1.3 STREET	ADDRESS			
CITY-ST-ZIP	DALLAS TX 75201			1.4 C/TY-S	T-ZIP			<u>-</u>
TITLE	VS		ELETE	2.1 TITLE			☐ Change	Addition
NAME	MOOTER, K E			22 NAME				
STREET ADDRESS	1505 FEDERAL ST			2.3 STREET	ADDRESS			
CITY-ST-ZIP	DALLAS TX 75201			2. 4 CITY-S	T-ZIP	_		
TITLE	CD		DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME :	POGUE, MACK			3.2 NAME				
STREET ADDRESS	1505 FEDERAL ST			3.3 STREET	ADDRESS			
CITY-ST-ZIP	DALLAS TX 75201			3.4. CITY-S				
TITLE	PD PD		DELETE	4.1 TITLE	· <del></del>		Change	Addition
NAME	DUVALL, WILLIAM			4. 2 NAME				
STREET ADDRESS				4.3 STREET	ADDRESS			
	DALLAS TX 75201			44 CITY-S				
CITY-ST-ZIP			ELETE	5.1 TITLE	1-411		☐ Change	Addition
	S EVEDETT LEIGH ANN	۵.		5.2 NAME			-	
NAME	EVERETT, LEIGH ANN			5.3 STREE	ADDRESS			
STREET ADDRESS	[ · · · · · · - <del>-</del> · · · · · · · · · · · · · ·			54 CITY-S	1			
CITY-ST-ZIP	DALLAS TX 75201		DELETE	6.1 TITLE	+-		Change	Addition
TITLE			,, L. L.	6.2 NAME				
NAME				6.3 STREET	r ADDRESS			
STREET ADOR ESS								
OIT / OT TID	I			6.4 CITY-S	1-ZIP			

14. I 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 appaddress, with all other like a gard in the same state. (214) 740-4440

SIGNATURE:

4-5-99