

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

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 691647 (2)

1. Corporation Name
LINCOLN PARK PROPERTIES, INC.

Principal Place of Business C/O VANCE W HOUDYSHELL 4200 VERO BEACH FL 32964-1200	Mailing Address C/O VANCE W HOUDYSHELL 4200 VERO BEACH FL 32964
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2. Principal Place of Business 21 Saffold, Johnnie Suite, Apt. #, etc. 22 P.O. 6975 City & State 23 Vero Beach FL Zip 24 32961	2a. Mailing Address 26 Saffold, Johnnie Suite, Apt. #, etc. 27 P.O. BOX 6975 City & State 28 Vero Beach FL Zip 29 32961
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3. Date Incorporated or Qualified 06/15/1981	3a. Date of Last Report 05/16/1996
4. FEI Number 26-1427821	Applied For Not Applicable
5. Certificate of Status Desired <input 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	

9. Name and Address of Current Registered Agent

**SAFFOLD, JOHNNIE
4535 31ST AVENUE
VERO BEACH FL 32960**

10. Name and Address of New Registered Agent

81 Name **Saffold, Johnnie**
82 Street Address (P.O. Box Number is Not Acceptable)
868 8th Court SW
83 **Vero Beach FL 32968**
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 **Johnnie Saffold** **Johnnie Saffold** **4-26-97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SAFFOLD, JOHNNIE	
STREET ADDRESS	4535 31ST AVENUE	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Saffold, Johnnie	
1.3 STREET ADDRESS	868 8th Court SW	
1.4 CITY-ST-ZIP	Vero Beach, FL 32962	
2.1 TITLE	VP Robbings, Cynthia	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Robbings, Cynthia	
2.3 STREET ADDRESS	705 11th Court SW	
2.4 CITY-ST-ZIP	VERO BEACH, FL 32962	
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: **Johnnie Saffold** **Johnnie Saffold** **4-26-97** **561 778-5453**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)