

APPROVED

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 APR 21 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 848370 (3)
1. Corporation Name
LINCOLN INVESTMENT PLANNING, INC.

Principal Place of Business Mailing Address
THE FORST PAVILION 218 GLENSIDE AVE WYNCOTE PA 19085-1595
THE FORST PAVILION 218 GLENSIDE AVE WYNCOTE PA 19085-1595

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE.
3. Date Incorporated or Qualified 02/27/1991 3a. Date of Last Report 04/19/1994
4. FEI Number 23-1702591 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

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	TD
NAME	FORST, HARRY S
STREET ADDRESS	1330 MILL CREEK RD
CITY - ST - ZIP	SOUTHAMPTON PA
TITLE	PSD
NAME	FORST, JR., EDWARD
STREET ADDRESS	7413 BARCLAY ROAD
CITY - ST - ZIP	CHELTENHAM PA
TITLE	D
NAME	FORST, ROSEMARY
STREET ADDRESS	216 STONEHOUSE LANE
CITY - ST - ZIP	WYNCOTE PA
TITLE	VSD
NAME	FORST, THOMAS
STREET ADDRESS	885 N EASTON RD, APT 9B-2
CITY - ST - ZIP	GLENSIDE PA
TITLE	D
NAME	FORST-PAULUS, MARELLEN
STREET ADDRESS	145 BLAKE AVE
CITY - ST - ZIP	ROCKLEDGE PA
TITLE	D
NAME	O'NEILL, KAREN A
STREET ADDRESS	713 CHELTENA AVE
CITY - ST - ZIP	JENKINTOWN PA

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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; 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 and on an attachment with an address.

SIGNATURE: [Signature] DATE: 4/11/95 215-887-8111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #