

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **848370** (3)

1. Corporation Name

LINCOLN INVESTMENT PLANNING, INC.



Principal Place of Business

Mailing Address

THE FORST PAVILION
218 GLENSIDE AVE.
WYNCOTE PA 19095-1595

THE FORST PAVILION
218 GLENSIDE AVE.
WYNCOTE PA 19095-1595

3. Date Incorporated or Qualified
02/27/1981

3a. Date of Last Report
04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SO PINE ISLAND RD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and date (if applicable)

(NOTE: Registered Agent signature required when filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **TD FORST, HARRY S**
STREET ADDRESS **1330 MILL CREEK RD**
CITY-ST-ZIP **SOUTHAMPTON PA**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE DELETE
NAME **PSD FORST, JR., EDWARD**
STREET ADDRESS **7413 BARCLAY ROAD**
CITY-ST-ZIP **CHELTENHAM PA**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE DELETE
NAME **D FORST, ROSEMARIE**
STREET ADDRESS **216 STONEHOUSE LANE**
CITY-ST-ZIP **WYNCOTE PA**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE DELETE
NAME **VSD FORST, THOMAS**
STREET ADDRESS **885 N EASTON RD, APT 9B-2**
CITY-ST-ZIP **GLENSIDE PA**

41 TITLE Change Addition
42 NAME **Vice-President / Director**
43 STREET ADDRESS **Forst, Thomas**
44 CITY-ST-ZIP **211 Stefan Road**
North Wales, PA 19454

TITLE DELETE
NAME **D FORST-PAULUS, MARIELLEN**
STREET ADDRESS **145 BLAKE AVE**
CITY-ST-ZIP **ROCKLEDGE PA**

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE DELETE
NAME **D O'NEILL, KAREN A**
STREET ADDRESS **713 CHELTENA AVE**
CITY-ST-ZIP **JENKINTOWN PA**

61 TITLE Change Addition
62 NAME **Corporate Secretary / Director**
63 STREET ADDRESS **O'Neill, Karen A.**
64 CITY-ST-ZIP **713 Cheltena Avenue**
JenKintown, PA 19046

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 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; 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 *Karen O'Neill*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/96 215-887-8111 x1353
DATE TELEPHONE #

CR2E034 (12/95)