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Apr 24 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 # 848370 (3)

1. Corporation Name  
LINCOLN INVESTMENT PLANNING, INC.

Principal Place of Business  
THE FORST PAVILION  
218 GLENSIDE AVE.  
WYNCOTE PA 19095-1595

Mailing Address  
THE FORST PAVILION  
218 GLENSIDE AVE.  
WYNCOTE PA 19095-1594



3. Date Incorporated or Qualified 02/27/1981  
3a. Date of Last Report 04/25/1996

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

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

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

(Type or print name of registered agent and title, if applicable.)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIP

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

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIP

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

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIP

TITLE VPD  
NAME FORST, THOMAS  
STREET ADDRESS 211 STEFAN ROAD  
CITY- ST- ZIP NORTH WALES PA

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIP

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

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIP

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

6.1 TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97 25-887-8111 X1353

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