

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

**FILED**

**Apr 24 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 848370 (3)**

1. Corporation Name  
**LINCOLN INVESTMENT PLANNING, INC.**



Principal Place of Business <b>THE FORST PAVILION                  218 GLENSIDE AVE.                  WYNCOTE PA 19095-1595</b>	Mailing Address <b>THE FORST PAVILION                  218 GLENSIDE AVE.                  WYNCOTE PA 19095-1534</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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3. Date Incorporated or Qualified <b>02/27/1981</b>	3a. Date of Last Report <b>04/25/1996</b>
4. FEI Number <b>23-1702591</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>FORST, HARRY S</b>	
STREET ADDRESS	<b>1330 MILL CREEK RD</b>	
CITY-ST-ZIP	<b>SOUTHAMPTON PA</b>	
TITLE	<b>PSD</b>	<input type="checkbox"/> DELETE
NAME	<b>FORST, JR., EDWARD</b>	
STREET ADDRESS	<b>7413 BARCLAY ROAD</b>	
CITY-ST-ZIP	<b>CHELTENHAM PA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FORST, ROSEMARIE</b>	
STREET ADDRESS	<b>216 STONEHOUSE LANE</b>	
CITY-ST-ZIP	<b>WYNCOTE PA</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>FORST, THOMAS</b>	
STREET ADDRESS	<b>211 STEFAN ROAD</b>	
CITY-ST-ZIP	<b>NORTH WALES PA</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FORST-PAULUS, MARIELLEN</b>	
STREET ADDRESS	<b>145 BLAKE AVE</b>	
CITY-ST-ZIP	<b>ROCKLEDGE PA</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>O'NEILL, KAREN A</b>	
STREET ADDRESS	<b>713 CHELTENA AVE</b>	
CITY-ST-ZIP	<b>JENKINTOWN PA</b>	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>P/D Forst Jr. Edward</b>
2.3 STREET ADDRESS	<b>7413 Barclay Road</b>
2.4 CITY-ST-ZIP	<b>Cheltenham, PA 19012</b>
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: *[Signature]* DATE: **4/16/97** DAYTIME PHONE #: **215-887-8111 x1353**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)