

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

FILED  
Mar 11 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</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 19095-1595</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>02/27/1981</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 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b>	1.1 TITLE	<b>TD</b>
NAME	<b>FORST, HARRY S</b>	1.2 NAME	<b>Forst, Harry</b>
STREET ADDRESS	<b>1330 MILL CREEK RD</b>	1.3 STREET ADDRESS	<b>100 Golf View Drive</b>
CITY-ST-ZIP	<b>SOUTHAMPTON PA</b>	1.4 CITY-ST-ZIP	<b>Ivyland, PA 18974</b>
TITLE	<b>PD</b>	2.1 TITLE	
NAME	<b>FORST, JR., EDWARD</b>	2.2 NAME	
STREET ADDRESS	<b>7413 BARCLAY ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHELTENHAM PA</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	
NAME	<b>FORST, ROSEMARIE</b>	3.2 NAME	
STREET ADDRESS	<b>216 STONEHOUSE LANE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WYNCOTE PA</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VPD</b>	4.1 TITLE	
NAME	<b>FORST, THOMAS</b>	4.2 NAME	
STREET ADDRESS	<b>211 STEFAN ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NORTH WALES PA</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b>	5.1 TITLE	
NAME	<b>FORST-PAULUS, MARIELLEN</b>	5.2 NAME	
STREET ADDRESS	<b>145 BLAKE AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROCKLEDGE PA</b>	5.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	6.1 TITLE	
NAME	<b>O'NEILL, KAREN A</b>	6.2 NAME	
STREET ADDRESS	<b>713 CHELTENA AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JENKINTOWN PA</b>	6.4 CITY-ST-ZIP	

14. I 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:

*Forst*

3/5/98

(215) 887-8111 M 172

CR2E034 (10/97)