

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

FILED
Mar 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 19095-1595
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DO NOT WRITE IN THIS SPACE

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 02/27/1981	4. FEI Number 23-1702591	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
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		

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reg. stored agent and title, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	FORST, HARRY S	
STREET ADDRESS	1330 MILL CREEK RD	
CITY-ST-ZIP	SOUTHAMPTON PA	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FORST, JR., EDWARD	
STREET ADDRESS	7413 BARCLAY ROAD	
CITY-ST-ZIP	CHELTENHAM PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORST, ROSEMARIE	
STREET ADDRESS	216 STONEHOUSE LANE	
CITY-ST-ZIP	WYNCOTE PA	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	FORST, THOMAS	
STREET ADDRESS	211 STEFAN ROAD	
CITY-ST-ZIP	NORTH WALES PA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FORST-PAULUS, MARIELLEN	
STREET ADDRESS	145 BLAKE AVE	
CITY-ST-ZIP	ROCKLEDGE PA	
TITLE	SD	<input type="checkbox"/> DELETE
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	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Forst, Harry	
1.3 STREET ADDRESS	100 Golf View Drive	
1.4 CITY-ST-ZIP	Ivyland, PA 18974	
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 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* **3/11/98 (315) 887-9111 M172**

CR2E034 (10/97)