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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F20473 1. Corporation Name LINCONI INC

FILED Mar 17, 1999 8:00 am Secretary of State 03-17-1999 90001 001 ***300.00

LHIOONI	i, iiyo.								
Principal Place	o of Business	Mailing Address				-	u diği u l u lu bi	BRI BABAT BA	NEC BEBUT BEBUT 1881
•		-							
290 N.E. 51ST STREET FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334			4			DO NOT WRITE	IN THIS	SPACE	
						3. Date Incorporated or Qualifed	11110	SIAGE	
						02/19/1981			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number			Applied For
21		26				59-2062474			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		·	5 Additional
22		27				5. Certificate of Status Desireo		Fee	Required
City & Stat	e	City & State				~6 Election Campaign Financing	п : -)0-May⋅Be
23		28				Trust Fund Contribution		Adde	ed to Fees
Zip	Country	Zip		ountry		8. This corporation owes the current	nt year Inta		
24	25	29	30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curren	it Registered Agent		Д,		10. Name and Address of New Re	gistered /	Agent	
	DARONE DONALD I			81	Name	•			
	PASONE, DONALD J			82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)		
290 NE 51 ST					Suest Address (F.O. Box Halliot is Not Acceptable)				
FOR	IT LAUDERDALE FL 33334			83					,
				104	City			85 Z	ip Code
				84	City		FL		ip code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statut	tes, the	above	-named corpo	ration submits this statement for the p	urpose of	changing	its registered
office or r	egistered agent, or both, in the State on familiar with, and accept the obliga	of Florida. Such change was a	autnoriza	ed by i	tne corporation	n's board of directors. I hereby accept	tne appoir	itment as	, registered
_	un lamiliai with, and accept the conga	dona or, occupin cor.coco, i io	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•				
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE	: Register	ed Agen	t signature required	when reinstating)	DATE		
12.		ID DIRECTORS	13).		ADDITIONS/CHANGES TO OFFI	CERS AN	D DIREC	TORS IN 12
TITLE	PST	☐ DELETE	1,1	TITLE				Chang	ge 🗌 Addition
NAME	ŁAMPASONE, DONALD J		1.2	NAME	Ì				
STREET ADDRESS	290 N.E. 51ST ST.		1,3 :	STREET	ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		1.47	CITY-ST	r- <i>Z</i> iP				
TITLE	D	□ DELETE							
NAME	LAMPASONE, LINDA T	☐ DELETE	2.1	TITLE		<u> </u>		☐ Chan	ge Addition
STREET ADDRESS		□ Deteir		TITLE NAME		· · · · · · · · · · · · · · · · · · ·		☐ Chan	ge Addition
a INCE I ADDITION	5240 NF 18TH TERRACE	□ pereie	2.2	NAME	ADDRESS			☐ Chan	ge Addition
COV OT 710		□ pereis	2.3	NAME STREET	ADDRESS	· · · · · · · · · · · · · · · · · · ·	<u>.</u>	☐ Chan	ge Addition
CITY-ST-ZIP	5240 NE 18TH TERRACE FT LAUDERDALE, FL 00000	□ DELETE	22 23 2.4	NAME	T-ZIP			☐ Chan	
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TITLE NAME	FT LAUDERDALE, FL 00000 D LAMPASONE, DONALD		22 23: 2.4 - 31- 32	NAME STREET CITY-S TITLE ~	T-ZIP		٠٠ مين.		
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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 emperated 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, with all other like empowered.

SIGNATURE: