

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
Mar 18 1996 8:00 am  
Secretary of State

DOCUMENT # **F93000003560 (0)**

1. Corporation Name  
**420 LINCOLN ROAD, INC.**



Principal Place of Business Mailing Address  
**C/O DAVID SACHS  
155 EAST 55TH STREET, SUITE 5-F  
NEW YORK NY 10022**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country 29 Zip 30 Country

3. Date Incorporated or Qualified **08/02/1993** 3a. Date of Last Report **01/18/1995**  
4. FEI Number **13-3719171** 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

**9. Name and Address of Current Registered Agent**

**SIEGEL, RICHARD  
1441 MAPLE FOREST DRIVE  
CLEARWATER FL 34624**

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

**10. Name and Address of New Registered Agent**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 \_\_\_\_\_ DATE \_\_\_\_\_

Signature of State and Treasurer of the Corporation (Applicable)

Signature of New Agent (Applicable)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PCD</b> <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SACHS, DAVID</b>	12. NAME	
STREET ADDRESS	<b>155 EAST 55TH STREET, SUITE 5-F</b>	13. STREET ADDRESS	
CITY-STATE-ZIP	<b>NEW YORK NY 10022</b>	14. CITY-STATE-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PALIN, MICHAEL</b>	22. NAME	
STREET ADDRESS	<b>969 THIRD AVENUE</b>	23. STREET ADDRESS	
CITY-STATE-ZIP	<b>NEW YORK NY 10022</b>	24. CITY-STATE-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SACHS, MARVIN</b>	32. NAME	
STREET ADDRESS	<b>155 EAST 55TH STREET, SUITE 5-F</b>	33. STREET ADDRESS	
CITY-STATE-ZIP	<b>NEW YORK NY 10022</b>	34. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appointed 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

3/11/96

212 753-3232

CR2E034 (12/95)