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

PROFIT * CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # F9500000411

LINCOLN PROPERTY COMPANY E.C.W., INC.

Principal Place of Business	Mailing Address
P.O. BOX 1920	P.O. BOX 1920
DALLAS TX 75221	DALLAS TX 75221

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90106 011 ***150.00



						<u> </u>				
Principal Place of Business Mailing Address							Marti maill Amilt Mai	*!	881 1181 1881	
P.O. BOX 1920 DALLAS TX 752					DO NOT WRITE IN THIS SPACE					
•		÷				3. Date Incorporated or Qualifed 01/25/1995				
2. Principal Pl	ace of Business	2a. Mailing Address			·——·	4. FEI Number		App	lied For	
21		26				75-1979005		Not	Applicable	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired [1 .	.75 Ac	dditional uired	
City & State City & State					Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
Zip	Country	untry Zip Cou		ntry		8. This corporation owes the current year Intar				
24	25 29 30					Personal Property Tax. Yes No				
Name and Address of Current Registered Agent						10. Name and Address of New Reg	istered Agent			
0.74	OODDOOLTION OVOTEN			81	Name					
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD.			Ì	82	Street Addre	ress (P.O. Box Number is Not Acceptable)				
PLAN	ITATION FL 33324			83						
				84	City		FL 85	Zip C		
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.									egistered istered	
SIGNATURE										
Ololertone ,	Signature, typed or printed name of registered agent			Agent	signature required	when reinstating)	DATE	SOTO!	20 111 12	
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC				
TIFLE	PD	☐ DELETE	1.1 TIT				Пс	hange	☐ Addition	
NAME	Office Control			1.2 NAME						
STREET ADDRESS	1000 I EDETAL		1.3 STI	1.3 STREET ADDRESS						
CITY-ST-ZIP				1.4 CITY-ST-ZIP				hange	Addition	
TITLE	ווטו		ł	2.1 TITLE			٥	nange		
NAME	DATO, ILATOT A.			2.2 NAME						
STREET ADDRESS	1000 I EDEIVIE OTTEET			2.3 STREET ADDRESS					1	
CITY-ST-ZIP	7.2010 17.		-	2. 4 CITY-ST-ZIP				hange	Addition	
TITLE	¥A3			3,1 TITLE				hange	☐ Addition	
NAME	choro, bhi		3.2 NA							
STREET ADDRESS	SOUT EDETINE				ADDRESS				ļ	
CITY-ST-ZIP	TALBIO TA 19201		_	3.4. CITY-ST-ZIP				hange	Addition	
TITLE	V	☐ DELETÉ	4,1 TITLË					lialige	L) Addition	
NAME	FRANZEN, JEFF		4, 2 NAME							
STREET ADDRESS			4.3 STREE							
CITY-ST-ZIP	DALLAS TX 75201	□ aguerre	4.4 CITY-		-ZIP			hange	Addition	
TITLE	AS	☐ DELETE	5.1 TITLE				Пс	nanye		
NAME	EVERETT, LEIGH A		5.2 NA		ADDDECC					
STREET ADDRESS	1505 FEDERAL ST				ADDRESS					
CITY-ST-ZIP	DALLAS TX 75201		5.4 CIT		-211			honco	☐ Addition	
TITLE	V	☐ DELETE	6.1 TIT				П	hange		
NAME .	GRANT, BILLY J		6.2 NA							
STREET ADDRESS	1505 FEDERAL		6.3 ST	KEET.	ADDRESS				l	

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, with all other like empowered.