

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 K2621

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003664 (7)

1. Corporation Name
LINCOLN DESIGN/BUILD NO. 2, INC.



Principal Place of Business P.O. BOX 1920 DALLAS TX 75221	Mailing Address P.O. BOX 1920 DALLAS TX 75221-1920
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3. Date Incorporated or Qualified 07/18/1996	3a. Date of Last Report
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2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	25. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number APPLIED FOR Applied For Not Applicable 6. 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POGUE, MACK	1.2 NAME	
STREET ADDRESS	1505 FEDERAL STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75201	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUVALL, WILLIAM C	2.2 NAME	
STREET ADDRESS	1505 FEDERAL STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75201	2.4 CITY-ST-ZIP	
TITLE	VST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, NANCY A	3.2 NAME	
STREET ADDRESS	1505 FEDERAL STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75201	3.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOOTER, K E	4.2 NAME	
STREET ADDRESS	1505 FEDERAL STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75201	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEEBE, STUART	5.2 NAME	
STREET ADDRESS	1505 FEDERAL STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75201	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETT, LEIGH A	6.2 NAME	
STREET ADDRESS	1505 FEDERAL STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75201	6.4 CITY-ST-ZIP	

14. I do 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 Leigh Ann Everett Asst. Secretary 4-9-97 (214) 740-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)