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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # G29388

(7)

1. Corporation Name

LINCOLN UNDERWRITING MANAGEMENT, INC.



Principal Place of Business

Mailing Address

1401 NEPTUNE DRIVE
BOYNTON BEACH FL 33426

1401 NEPTUNE DRIVE
BOYNTON BEACH FL 33426

2. Principal Place of Business

2a. Mailing Address

21. No Business Activity

26. 421, Comstock Rd.

22. Suite, Apt. #, etc. Record moved to Canada

27. Suite, Apt. #, etc.

23. City & State

28. Scarborough Ontario

24. Zip

25. Country

29. Zip

30. Country

24. MIL 2H5

30. Canada

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHONE, LARRY
50 SE 4TH AVE.
DELRAY BEACH FL 33483

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PST ☐ DELETE

NAME USHER, THOMAS C.
STREET ADDRESS 1401 NEPTUNE DR
CITY-ST-ZIP BOYNTON BCH FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

421, Comstock Rd.
Scarborough Ontario Canada MIL 2H5

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/96

416-755-2231

CR2E034 (12/95)