

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **J63850 (8)**

1. Corporation Name  
**LINCOLN COMMERCIAL PROPERTIES, INC.**



Principal Place of Business: **LINCOLN COMMERCIAL P.O. BOX 916464 LONGWOOD FL 32791 US**  
Mailing Address: **LINCOLN COMMERCIAL P.O. BOX 916464 LONGWOOD FL 32791 US**

3. Date Incorporated or Qualified: **03/26/1987**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **59-2805831**  
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

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **27**  
City & State: **28**  
Zip: **24** Country: **25** Zip: **29** Country: **30**

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

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

**JOHNSON, LYDER  
2648 W. STATE RD 434  
SUITE B  
LONGWOOD FL 32779**

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 607.1503, 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when registered agent is changed) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	PT	<input type="checkbox"/> DELETE
NAME	JOHNSON, LYDER	
STREET ADDRESS	2648 W. STATE RD. 434, STE. B	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	JOHNSON, SIMONE S.	
STREET ADDRESS	2648 W. STATE RD. 434, STE. B	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	JOHNSON, TERRY B.	
STREET ADDRESS	2648 W STATE RD. 434, STE. B	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	JOHNSON, TERRY B.	
STREET ADDRESS	2648 W STATE RD. 434, STE. B	
CITY-ST-ZIP	LONGWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 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, with an attachment with an address.

SIGNATURE: *Lyder R Johnson* **Lyder R Johnson** 4/9/96 (407) 862-9990  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E034 (12/95)