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ANNUAL REPORT
1995



DEPARTMENT OF REVENUE
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 FEB 28 AM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001781 (3)

1. Corporation Name

LINCOLN ROAD PARTNERSHIP, INC.

Principal Place of Business

Mailing Address

1045 LINCOLN ROAD
MIAMI BEACH FL 33139

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MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1994

3a. Date of Last Report

4. FEI Number

65-0501135

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BURDICK, CHRISTINE

1045 LINCOLN RD.

MIAMI BEACH FL 33139

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, full name of person named as registered agent, and the applicable

(NOTE: Registered Agent signature required when certifying)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

Change Addition

1.2 NAME

Christine M. Burdick

1.3 STREET ADDRESS

1045 Lincoln Road

1.4 CITY-STATE-ZIP

Miami Beach, FL 33139

2.1 TITLE

Chairman "D"

Change Addition

2.2 NAME

I. Stanley Levine

2.3 STREET ADDRESS

3333 Garden Avenue

2.4 CITY-STATE-ZIP

Miami Beach, FL 33140

3.1 TITLE

Treasurer "D"

Change Addition

3.2 NAME

Michael Lehn

3.3 STREET ADDRESS

8022 NE 7th Avenue

3.4 CITY-STATE-ZIP

Miami, FL 33138

4.1 TITLE

Vice President "D"

Change Addition

4.2 NAME

Lou Bondi

4.3 STREET ADDRESS

1360 Marseilles Drive

4.4 CITY-STATE-ZIP

Miami Beach, FL 33141

5.1 TITLE

Vice President "D"

Change Addition

5.2 NAME

Patricia Jones

5.3 STREET ADDRESS

924 Lincoln Road

5.4 CITY-STATE-ZIP

Miami Beach, FL 33139

6.1 TITLE

Vice Chairman "D"

Change Addition

6.2 NAME

Shera Brody

6.3 STREET ADDRESS

1014 Lincoln Road

6.4 CITY-STATE-ZIP

Miami Beach, FL 33139

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 110.07(9)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to make this report as required by Chapter 617, Florida Statutes; and that my name appears on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Christine M. Burdick

Christine M. Burdick

2/9/95

305-531-3442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone