


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 01, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N99000005301</b> Zr Entity Name <b>LINCOLN PARK WEST MERCHANT ASSOCIATION, INC.</b>					
Principal Place of Business <b>7764 NORTH WEST 44TH ST. SUNRISE, FL 33351</b>			Mailing Address <b>7764 NORTH WEST 44TH ST. SUNRISE, FL 33351</b>		
3 Principal Place of Business			r Mailing Address		
Suite, Apt #, etc			Suite, Apt #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		05242004 Chg-NP OR2E037 (10/03)	
Cr FEI Number <b>65-0977522</b>				Applied For Not Applicable	
yr Certificate of Status Desired <input type="checkbox"/>				R&Ry Additional Fee Required	
r in cpan ae opffaB ue #opldaMpaAldporeg pl d					
JANOURA, MICHAEL J 7764 NW 44 ST SUNRISE, FL 33351				Name	
7764 NW 44 ST SUNRISE, FL 33351				Street Address (P O. Box Number is Not Acceptable)	
7764 NW 44 ST SUNRISE, FL 33351				City	
7764 NW 44 ST SUNRISE, FL 33351				Zip Code	
&r The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 8, 2004</b>		r Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		RyrCO May Be Added to Fees	
Make check payable to <b>Florida Department of State</b>					
<b>ZO OFFICERS AND DIRECTORS</b>				<b>ZZr ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANOURA, MICHAEL J 7764 NORTH WEST 44TH ST. SUNRISE, FL 33351	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIMMEL, LESLIE 7792 NORTH WEST 44TH ST. SUNRISE, FL 33351	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KATZ, LENNY 7766 NORTH WEST 44TH ST. SUNRISE, FL 33351	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ZSr I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(r), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered					
FELie NmMbD		Michael Janoura, Vice Pres		5-27-04 954-741-7620	
<small>DATE</small>		<small>DATE</small>		<small>DATE</small>	