

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000007088 (6)

1. Corporation Name

818 LINCOLN CORP.

Principal Place of Business

1110 BRICKELL AVE
7TH FLOOR
MIAMI FL 33131

Mailing Address

1110 BRICKELL AVE
7TH FLOOR
MIAMI FL 33131-3132



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

01/28/1993

3a. Date of Last Report

03/04/1996

4. FEI Number

65-0383044

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

8. Name and Address of Current Registered Agent

LEVINE, ROBERT J
1110 BRICKELL AVENUE
7TH FL
MIAMI FL 33131

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

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, type or printed name of registered agent and title, if applicable)

(NOTE Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
NAME	LEVINE, ELAINE R	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
STREET ADDRESS	1110 BRICKELL AVE, 7TH FL	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
CITY-ST-ZIP	MIAMI FL	<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
NAME	LEVINE, ROBERT J	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
STREET ADDRESS	1110 BRICKELL AVENUE, 7TH FL	<input type="checkbox"/> DELETE	
CITY-ST-ZIP	MIAMI FL	<input type="checkbox"/> DELETE	
TITLE	VP	<input type="checkbox"/> DELETE	
NAME	LEVINE, ALAN W	<input type="checkbox"/> DELETE	
STREET ADDRESS	1110 BRICKELL AVE 7TH FLOOR	<input type="checkbox"/> DELETE	
CITY-ST-ZIP	MIAMI FL	<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
NAME		<input type="checkbox"/> DELETE	
STREET ADDRESS		<input type="checkbox"/> DELETE	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
NAME		<input type="checkbox"/> DELETE	
STREET ADDRESS		<input type="checkbox"/> DELETE	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	
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CITY-ST-ZIP		<input type="checkbox"/> DELETE	
TITLE		<input type="checkbox"/> DELETE	
NAME		<input type="checkbox"/> DELETE	
STREET ADDRESS		<input type="checkbox"/> DELETE	
CITY-ST-ZIP		<input type="checkbox"/> DELETE	

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:

Sandra B. Martham, Pres.

305-
372-1350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)