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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

CORPORATION
ANNUAL REPORT
1995

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



DOCUMENT # **P93000035821 (6)**
1. Corporation Name
LINCOLN FUNDING CORP.

Principal Place of Business: **C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

Mailing Address: **P.O. BOX 888305
1200 S PINE ISLAND RD
ATLANTA GA 30356-0305
US**

2. Principal Place of Business: **801 N.E. 167TH ST.**
3a. Mailing Address: **P.O. BOX 888305**

22. **SUITE 300**
27. **DUNWOODY, GA**

23. **MIAMI BEACH, FL**
28. **DUNWOODY, GA**

24. **33162** 25. **US** 29. **30356-0305** 30. **US**

3. Date incorporated or Qualified: **05/17/1993** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0449060** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

8. This corporation has liability for information tax under S. 194(1)(b) Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**C-T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. **UNITED CORPORATE SERVICES, INC.**

82. Street Address (P.O. Box Number is Not Acceptable): **801 N.E. 167TH ST., SUITE 300**

84. **NORTH MIAMI BEACH FL** 85. Zip Code: **33162**

11. Pursuant to the provisions of Sections 607.04(2) 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, thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(5), Florida Statutes.

SIGNATURE: **RAY BARR - CHANGE PREVIOUSLY FILED**

12. OFFICERS AND DIRECTORS

DP
NAME: **SIEGEL, DAVID L**
STREET ADDRESS: **740 BROADWAY SUITE 602**
CITY, ST, ZIP: **NEW YORK NY**

DS
NAME: **LEANESS, CHARLES G**
STREET ADDRESS: **740 BROADWAY SUITE 602**
CITY, ST, ZIP: **NEW YORK NY**

V
NAME: **POMPEO, PATRICK**
STREET ADDRESS: **740 BROADWAY**
CITY, ST, ZIP: **NEW YORK NY**

TAS
NAME: **SITKOFF, ROBERT**
STREET ADDRESS: **1775 THE EXCHANGE**
CITY, ST, ZIP: **ATLANTA GA**

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS

1. NAME: Change Addition

2. NAME: Change Addition

3. NAME: Change Addition

4. NAME: Change Addition

5. NAME: Change Addition

6. NAME: Change Addition

7. NAME: Change Addition

8. NAME: Change Addition

14. I, the undersigned, certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.02(1)(b), Florida Statutes. I further certify that the information included on this annual report is true, correct and complete and that the signatures shall have the same legal effect as if made under oath. That I am an officer or director of this corporation and am authorized to use this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or 13 of this report as an officer or director of this corporation.

SIGNATURE:

SIGNATURE (TO BE TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

REMITTED BY MAY 1

4/29/95