FH	F	NOW.	<b>FILING</b>	FFF	AFTER	MAV	1 <b>ST</b>	19	\$550.0	n
741L	.⊑.	MOYY.	LILING	rcc	AFIER	IVIAT	121	13	<b>あつつひ.</b> り	U.

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

UNITED CORPORATE SERVICES, INC.

LINCOLN FUNDING CORP.

Principal	Place of Business	Mailing Address			
801 NORT	EXCHANGE HEAST 167TH STREET, SUITE 300 IAMI BEACH FL 33162	P.O. BOX 888287 800 ATLANTA GA 30339 US			
2. Princi	pal Place of Business	2a. Mailing Address			
21		26			
	Apt. #, etc.	Suite, Apt #, etc			
22		27]			
City &	State	City & State			
23		28			
Zip	Country	Zip	Country		
24	25	[29]	30		
	9. Name and Address of	Current Registered Agent	1		
			81 Name		

SUITE 300 NORTH MIAMI BEACH FL 33162	83	
NOTHIN MINING DENOTITE 53102	84	City
	[	

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. Thereby accept the appointment as registered agent. Lam familiar with and accept the obligations of Section 607.0505 fortical Statutes.

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

FILED

99 FEB 24 AM 9: 36

SECRETARY OF STATE

3. Date Incorporated or Qualified.

5. Certif, ate of Status Desired

Personal Property Tax

6. Election Campaign Financing Trust Fund Contribution

**05/17/1993 4.** FET Number

82 Street Address (P.O. Box Number is Not Acceptable)

65-0449060

DO NOT WRITE IN THIS SPACE

SIGNATURE	Signature, typed or printed name of registered agent and little if applicable	(NOTE: Reses)	onstAgest som pård.
12.	OFFICERS AND DIRECTORS		3.
YITLE	VD CT DEL	ETE 1	171116
NAME	SIEGEL, DAVID L	1	2 NAME
STREET ADDRESS	1	1	STREET ADDRESS
CITY-ST-ZIP	NEW YORK NY 10003	1	4 CITY S1-ZIP
TITLE	<b>VSD</b> [ I DEL	ETË 2	1 TILEF
NAME	LEANESS, CHARLES G	2	2 NAME
STREET ADDRESS	740 BROADWAY 12TH FL	2	3 STREET ADORESS
CITY-ST-ZIP	NEW YORK NY 10003	2	4 City+S1-ZiP
TITLE	P	FTE 3	THE
NAME	POMPEO, PATRICK	з	2 NAME
STREET ADDRESS	740 BROADWAY 12TH FL	3	3 STREET ADORESS
CITY-ST-ZIP	NEW YORK NY 10003	3	4 CITY-SEZIP
TITLE	T [.   DEL	FTE 4	1 Title
NAME	MORGAN, JOSEPH	4	2 NAME
STREET ADDRESS	740 BROADWAY 12TH FL	[ 4	3 \$1REE LADORESS
CITY-ST-ZIP	NEW YORK NY 10003	4	4 CIF1 - ST - ZIF
TITLE	[ ] DEL	FTE 5	13014
NAME	<b>{</b>	5	2 NAME
STREET ADDRESS		- 5	3 STRUET ADDRESS
CITY-ST-ZIP		5	4 CITY -51 - ZIP
TITLE	El Dec	ETE 6	1 TIPLE
NAME		6	2 NAME
STREET ADDRESS		£	3 STREET ADORESS

700002:766645;----55 -02/26/39--01069--024 \*\*\*\*158.75

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ | Change | { | | Addition

Applied For

Fee Required \$5.00 May Be

Added to Fleas

[ | Yes

Not Applicable \$8.75 Additional

[ INo

1	Change	[	] Adoto

Change	[ ] Add to
	. ,
	Change

CITY-ST-ZIP

14. I hereby certify that indicated on this art officer or director of Block 12 or Block 18 64 C(TY+S1-ZIP) fligg does not qualify for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the information / eport is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an instee empowered to execute this report as required by Chapter 607. Florida Statutes, and that my name appears in with an address, with all other like empowered.

SIGNATURE

DAVID L. SIEGEL

2/1/99 (212/6735900