

* FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00 *

CORPORATION
ANNUAL REPORT
--1994-- 1995



FLORIDA DEPARTMENT OF STATE
Jm Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 JUN -9 PM 3: 14

OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001513628
-06/15/95--01034--017

DO NOT WRITE IN THIS SPACE ***\$225.00***

1. Corporation Name
LNC, Inc.

DOCUMENT #
P93000080434

Mailing Address
Principal Place of Business
4417 Woodfield Boulevard
Boca Raton, Florida 33434

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. Mailing Address	2a. Principal Place of Business	4. FEI Number	3a. Date of Last Report
21 14155 U.S. Highway One	2b Suite, Apt. #, etc.	65-0458619	11/22/1993
22 Suite 302	27 City & State	5. Certificate of Status Desired \$8.75 Additional Fee ☐	6. Election Campaign Financing Trust Fund Contribution ☐
23 Juno Beach, FL	28 Zip	7. Nonprofit Exempt from \$138.75 Supplemental Fee ☐	\$5.00 May Be Added to Fees
24 33408	29 USA	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
Mark J. Nowicki 1155 U.S. Highway One, Suite 302 Juno Beach, Florida 33408	81 Name Mark J. Nowicki 82 Street Address (P.O. Box Number is Not Acceptable) 14155 U.S. Highway One 83 Suite 302 84 City Juno Beach 85 Zip Code FL 33408

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 5/31/95
Registered Agent Accepting Appointment. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	13. CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

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(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 110.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* BEVERLEY BECKER 6/5/95 6241444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration (None)