

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

[AMENDED]

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED

97 OCT 24 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 994000036779

1. Corporation Name

582 LINCOLN CORP.

Principal Place of Business

Mailing Address

19810 SAWGRASS DR  
#402

19810 SAWGRASS DR  
#402

BOCA RATON, FL 33434  
USA

BOCA RATON, FL  
USA 33434

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MADDEN, JOHN B.

19810 SAWGRASS DRIVE  
#402

BOCA RATON, FL 33434

81

Name

SYDELLE MADDEN

82

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

19810 SAWGRASS DRIVE

83

#402

84

City

BOCA RATON

FL

85 Zip Code

33434

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

Typed or printed name of registered agent and title if applicable

SYDELLE MADDEN PRES. 10/1/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE 5D  
NAME MADDEN, JOHN B.  
STREET ADDRESS 19810 SAWGRASS DR. #402  
CITY-ST-ZIP BOCA RATON, FL 33434

☒ DELETE

TITLE PRES/DIA.  
NAME  
STREET ADDRESS MADDEN, STEVEN H.  
CITY-ST-ZIP 300 MELISSA ST #21A  
NEW YORK, NY 10001-6739

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

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

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

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

PRES. DIA.

SYDELLE MADDEN

19810 SAWGRASS DRIVE

BOCA RATON, FL 33434

SECY/DIA.

☒ Change

☒ Addition

☒ Change

☐ Addition

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☐ Addition

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:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SYDELLE MADDEN 10/1/97 561) 451-8101

Date

Daytime Phone #

CR2E034 (9/96)