FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DOCUMENT #

DIVISION OF CORPORATIONS P95000017804 (2)

AMERICAN LINCOLN CORPORATION, INC.

Principal Place of Business Mailing Address 583 CALIBRE CREST PARKWAY #102

583 CALIBRE CREST PARKWAY #102



		ALTAMONTE SPRING	13 FL 32/14		
				03/03/1995	Pate of Last Report
2. Principal Pla 21	lace of Business	28. Mailing Address 26. P > 6 X /	1628 51	4. FEI Number 7990	Applied For
Suite, Apt. :	#, etc.	Suite, Apl. #, etc.	0000	1 39-33-11/6	Not Applicable
22		27 AlT Bmodle	. 5PR(NY), Fl	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28 /		Trust Fund Contribution	Added to Fees
Ζφ 24]	Country	327/6	Country	8. This corporation has liability for intangible	
]	25 9. Name and Address of Curre	nt Registered Agent	30 Semple/L	Florida Statutes Yes No	
		in neglistered Agent	B1 Name	10. Name and Address of New Registers	ed Agent
KOLICI	HEKI, NASSER				
583 CALIBRE CREST PARKWAY #102			82 Street Addi	82 Street Address (P.O. Box Number is Not Acceptable)	
ALTAM	MONTE SPRINGS FL 32714	•	83		
, 12 // 11	TOTAL OF THE GOVERNMENT OF THE SECOND		-		
			84 City	F	85 Zip Code
11. Pursuant to	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named corpor		
	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec		ed by the corporation's boar	ration submits this statement for the purpose of a rd of directors. I hereby accept the appointment	as registered agent. I am
SIGNATURE _					
	Signatine, typestion printed name of registerest ager		E. Registered Agent signature required		
12. Juli	1	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
NAME	DP NAME NAME OF THE PROPERTY O	DELETE	1. 1 TITLE		Change Addition
STREET ADDRESS	KOUCHEKI, NASSER 583 CALIBRE CREST PARI	ANAV #400	1.2 NAME		
CHY-SI ZIP	ALTAMONTE SPRINGS FL		1.3 STREET ADDRESS		
TELE	ALIMINUITIE OF MINUS PL	32/ 14	1.4 CITY-ST-ZIP 2 1 TITLE		F1 0
NAME		C) becele	2 2 NAME		Change Addition
STREET ADDRESS			1		
			2 3 STREET ADDRESS		
STREET ADDRESS CIYESTEZIE THEE		[] DELETE	2 3 STREET ADDRESS 2 4 CITY-ST-ZIP		Change El Addition
C IY-SI-7P		[] DELETE	2 3 STREET ADDRESS		☐ Change ☐ Addition
C IY-SI-7/P T-IEF NAME		[] OELETE	2 3 STREET ADDRESS 2 4 GITY - ST - ZIP 3. 1 TITLE 3.2 NAME		Change Addition
C IY ST-7P THEF		[] DELETE	23 STREET ADDRESS 24 CITY-ST-ZIP 3.1 TITLE		Change Addition
C 1Y-ST-74P THEF NAME STREET ADDRESS		☐ DELETE	2 3 STREET ADDRESS 2 4 GITY- ST-ZIP 3. 1 TITLE 3.2 NAME 3.3 STREET ADDRESS		
C TY-ST-7/P TILE NAME STREET ADDRESS CITY-ST-ZIP TILE			2 3 STREET ADDRESS 2 4 GITY- ST-ZIP 3. 1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY- ST-ZIP		_
C TY ST-7/P TULE NAME STREET ADDRESS CITY-ST-7/P TULE 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		
CITY ST-7/P TITE NAME STREET ADDRESS CITY ST-2/P TITE NAME STREET ADDRESS CITY ST-7/P		☐ D€LE1E	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		
CITY ST-7/P THEF NAME STHEET ADDRESS ONY-ST-7/P THEF NAME STHEET ADDRESS ONY-ST-7/P THEF			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		
CITY STORP THEF NAME STHEET ADDRESS CITY STORP THEE NAME STHEET ADDRESS CITY STORP THEF NAME		☐ D€LE1E	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		Change Addition
CITY ST-7/P TOLE NAME STREET ADDRESS CITY ST ZIP TILLE NAME STREET ADDRESS CITY ST-7/P TILLE NAME STREET ADDRESS STREET ADDRESS		☐ D€LE1E	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		Change Addition
CITY ST-7/P TULE NAME STHEEL ADDRESS CITY ST-7/P		☐ DELETE	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 6.4 CITY-ST-ZIP		Change Addition
CITY ST-7/P TITE NAME STHEFF ADDRESS CITY ST-2/P TITLE NAME STHEFF ADDRESS CITY ST-7/P TITLE		☐ D€LE1E	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		Change Addition
CITY ST-7/P TOLE NAME STHEFT ADDRESS CITY ST ZIP TITLE NAME STHEFT ADDRESS CITY ST-7/P TITLE NAME STHEFT ADDRESS CITY ST-7/P TITLE NAME STHEFT ADDRESS CITY ST-7/P TITLE NAME NAME		☐ DELETE	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 6.4 CITY-ST-ZIP		Change Addition
CITY ST-7/P TULE NAME STHEEL ADDRESS CITY ST-7/P		☐ DELETE	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		Change Addition

centry that he information indicated on this annual report or supplied pertail annual report is true and accurate and that my signature shall have the same legal effect as if made under cath, that I am an officer or director of the corporation of 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: