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

PROFIT CORPORATION ANNUAL REPORT

1997

NAME STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000027921 (2)

LINCOLN CREDIT SERVICES, INC.

Principal Place of Business Mailing Address							(COMPAND STAND) (O	DIA IRIAN KANS	KARI (ADI	
9850 SANDALFO BOCA RATON I	OOT BLVD #210 FL 3342 8	9950 SANDALFOOT BLVD #210 BOCA RATON FL 33428-6699								
						3. Date incorporated or Qualified 04/05/1995		of Last Re 5/1996	eport	
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For				
21		26			59-3308363		No	t Applicable		
Suite, Apt. (⊮, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A		
22		27				S. Commodition of classes becomes		Fee Re	<u>`</u>	
City & State	•	City & State				6. Election Campaign Financing		\$5.00		
23		28	T Con	.m.t.u.		Trust Fund Contribution	<u> </u>	Added t		
Zip	Country	Zip	_	untry		8. This corporation has liability for		ax under s. No	199.032,	
24	g. Name and Address of Current	Pagistared Agent	30	1		Florida Statutes L 10. Name and Address of New Re				
		Ladistaton wheth		81	Name	10. Name and Address of No.	y biologica / t	,		
	.er, steven) Sandalfoot Blvd., #210									
				82	Street Addre	ess (P.O. Box Number is Not Accepta	ble)			
BUC	A RATON FL 33428			83						
					City		FL	85 Zip (
11. Pursuant t office or re agent. I ar	to the provisions of Sections 607 0502 egistered agent, or both, in the State in familiar with, and accept the obliga	P and 607 1508, Florida Statu of Florida, Such change was tions of, Section 607.0505, Fl	tes, the a authorize lorida Sta	ibove- od by t ilutes.	named corpo he corporation	pration submits this statement for the on's board of directors. I hereby acce	purpose of o pt the appo	changing iti intment as	s registered registered	
SIGNATURE		AND	Tr. Dec. tree		s and we see ite	d when reinstating)	DATE			
12.	Signature, typed or printed name of registered age: OFFICERS AND		13.	aa Agent	signature reduire	ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12	
TITLE	DELETE			1.1 TITLE		7,00111011070111111020110 0111		Change	Addition	
NAME	KOKINOS, GEORGE L		1.2 N	1.2 NAME						
STREET ADDRESS	9850 SANDALFOOT BLVD., #2	10			DDRESS					
CITY-ST-ZIP	BOCA RATON FL 33428	· · -		1.4 CITY - ST - ZIP						
TITLE	DELETE			IITLE	*"			Change	Addition	
NAME	AMERLING, SANDRA		2.2 N	NAME						
STREET ADDRESS	AAFA AAAIDAL FAAT DIAD AAAA			2 3 STREET ADDRESS						
CITY-ST-ZIP	BOCA RATON FL 33428			2 4 CHY-SI-ZIP			•			
TITLE		DELETE	3 1 I					Change	Addition	
NAME			3.2 N	NAME						
STREET ADDRESS			3.3 S	STREET A	DDRESS					
CITY-ST-ZIP			3.4. (CITY - ST	- ZIP					
TITLE		DELFTE	4.11					Change	Addition	
NAME			4, 2 !	NAME	1					
STREET ADDRESS			4.3 9	STREET A	DORESS					
CITY-ST-ZIP			- 1	CH1Y-S1-						
TITLE		DELETE	5.1 1					Change	Addition	
NAME			5.2 8	NAME						
STREET ADDRESS				STREET A	ODRESS					
CITY-ST-ZIP				DOTY-ST						
1111 C		DELETE		TITUE				Change	Addition	

14. Ido 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 inchanged, or vin an attachment with an address

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