


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

0435669

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90054 014 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000066753  
1. Corporation Name  
LINCOLN MORTGAGE CORPORATION



DO NOT WRITE IN THIS SPACE

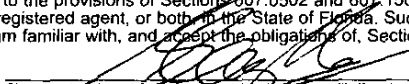
Principal Place of Business 5225 HWY 27 NORTH DAVENPORT FL 33837 US	Mailing Address 5225 US HWY 27 NORTH DAVENPORT FL 33837 US
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3. Date Incorporated or Qualified 08/29/1995	4. FEI Number 59-3331907	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

21. Principal Place of Business 21 4717 HWY 27 N Suite Suite, Apt. #, etc. FS	2a. Mailing Address 26 Suite, Apt. #, etc.
22. City & State 22 Davenport FL	27. City & State
23. Zip 23 33837	28. Zip 28
24. Country 25	29. Country 30

9. Name and Address of Current Registered Agent  
GUPTA, SURESH K  
5225 US HWY 27 NORTH  
DAVENPORT FL 33837

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  
SIGNATURE:  SURESH K GUPTA PRESIDENT Jan 13 99  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	PSD	<input type="checkbox"/> DELETE
NAME	GUPTA, SURESH K	
STREET ADDRESS	7636 APPLETREE CIRCLE	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	PERSAUD, GURUDEO S	
STREET ADDRESS	5225 US HWY 27, NORTH	
CITY-ST-ZIP	DAVENPORT FL 33837	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	AGGARWAL, BARHAM R	
STREET ADDRESS	7636 APPLETREE CIR	
CITY-ST-ZIP	ORLANDO FL 32819	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE:  SURESH GUPTA Jan 13 99 941 424 2120  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)