


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

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE
		Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P96000043015 (2) 1. Corporation Name LINCOLN LOAN COMPANY		



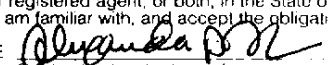
Principal Place of Business 301 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140	Mailing Address 301 ARTHUR GODFREY ROAD MIAMI BEACH FL 33140
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 100 SE 2ND ST. Suite, Apt. #, etc. 22 SUITE 2800 City & State 23 MIAMI, FL Zip 24 33131		2a. Mailing Address 26 100 SE 2ND ST. Suite, Apt. #, etc. 27 SUITE 2800 City & State 28 MIAMI, FL Zip 29 33131		Country 25 USA 30 USA		3. Date Incorporated or Qualified 05/13/1996	4. FEI Number 650802723 -APPLIED FOR	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								

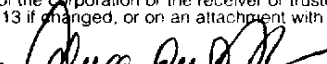

9. Name and Address of Current Registered Agent TACHMES, ALEXANDER I 777 ARTHUR GODFREY ROAD 2ND FLOOR MIAMI BEACH FL 33140				10. Name and Address of New Registered Agent 81 Name ALEXANDER I. TACHMES 82 Street Address (P.O. Box Number is Not Acceptable) 100 SE 2ND ST. 83 SUITE 4650 84 City MIAMI FL 85 Zip Code 33131			
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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  ALEXANDER I. TACHMES DATE 4/25/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COURSHON, ARTHUR H			12 NAME			
STREET ADDRESS	301 41ST STREET			13 STREET ADDRESS	100 SE 2ND ST., SUITE 2800		
CITY-ST-ZIP	MIAMI BEACH FL 33140			14 CITY-ST-ZIP	MIAMI, FL 33131		
TITLE	V	<input type="checkbox"/> DELETE		21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COURSHON, CAROL B			22 NAME			
STREET ADDRESS	301 41ST STREET			23 STREET ADDRESS	100 SE 2ND ST., SUITE 2800		
CITY-ST-ZIP	MIAMI BEACH FL 33140			24 CITY-ST-ZIP	MIAMI, FL 33131		
TITLE	S	<input type="checkbox"/> DELETE		31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TACHMES, ALEXANDER I			32 NAME			
STREET ADDRESS	777 41ST STREET 2ND FLOOR			33 STREET ADDRESS	100 SE 2ND ST., SUITE 4650		
CITY-ST-ZIP	MIAMI BEACH FL 33140			34 CITY-ST-ZIP	MIAMI, FL 33131		
TITLE	T	<input type="checkbox"/> DELETE		41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SIMON, NANETTE R			42 NAME			
STREET ADDRESS	301 41ST STREET			43 STREET ADDRESS	100 SE 2ND ST., SUITE 2800		
CITY-ST-ZIP	MIAMI BEACH FL 33140			44 CITY-ST-ZIP	MIAMI, FL 33131		
TITLE		<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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.

SIGNATURE:  ALEXANDER I. TACHMES DATE 4/25/98 995-5350 305-

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)