Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90045 021 ***155.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000083179

1. Corporation Name

LINCOLN CAPITAL PARTNERS, INC.

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Principal Place	e of Business	Mailing Address				-{	#	((I I I I I I I I I I I I I I I I I I
16855 N.E. 2ND AVE. SUITE 303 NORTH MIAMI BEACH FL 33162		16855 N.E. 2ND AVE. SUITE 303 NORTH MIAMI BEACH FL 33162		DO NOT WRITE IN THI	IS SPACE			
MONTH WARME	BEROTT LE 30102	HOTTE MINING DENOTE TO				3. Date Incorporated or Qualifed		
	`					10/04/1996		
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number	Applie	d For
21		26				NOT APPLICABLE		plicable
Suite, Apt.	#, etc	Suite, Apt. #, etc:			* *** ,	5. Certificate of Status Desired	~ \$8.75 Addi Fee Requir	1
22		27 City 8 State						
City & State		City & State	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Mar Added to Fi	*	
Zip	Country	Zip	Соил	trv		8. This corporation owes the current year t		
24	25		30	,		Personal Property Tax.	∏Yes □	کملا
	9. Name and Address of Curre		1	•	*****	10. Name and Address of New Registere		
·			1	B1 N	lame			
	ne, Jack 55 n.e. 2nd ave.		[ī	B2 S	Street Addre	ss (P.O. Box Number is Not Acceptable)		
SUITE 303			ŀ	83				_
	RTH MIAMI BEACH FL 33162					· · · · · · · · · · · · · · · · · · ·	1-1-7-6-7	
				-	City ———	<u></u> <u></u> <u>_</u> <u>F</u>		
office or re agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change was aut	thorized	by the	amed corpo corporation	ration submits this statement for the purpose o's board of directors. I hereby accept the app	or changing its registe	ered
SIGNATURE	Signature, typed or printed name of registered ag							
		gent and title if applicable. (NOTE: F	Registered A	gent sig	iustrue Ledoned	when reinstating) DATE		
12.		gent and title if applicable. (NOTE: F AND DIRECTORS	Registered A	gent sig	Instrue required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A		
12. TITLE		<u> </u>			nature required			IN 12 Addition
	OFFICERS A	AND DIRECTORS	13.	E	nature required			
TITLE	OFFICERS A D LEVINE, JACK 16855 N.E. 2ND AVE. #303	ND DIRECTORS	13. 1.1 TITL 1.2 NAN	E				
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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 mostee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #