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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S59869 (5)

LINCOLN PLAZA MANAGEMENT CORP.

**FILED** Feb 12 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address					1811 8181) 8181	1 21011 21011 2101	
3201 GRIFFIN	ROAD	3201 GRIFFIN ROAD	206 FORT LAUDERDALE FL 33312-6900						
FORT LAUDER	RDALE FL 33312-6900								
						DO NOT WRITE IN THIS SPACE			
		US				3. Date Incorporated or Qualified 06/13/1991	1		
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number		Ap	plied For
21		26	26			65-0123842		No	t Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc	Suite, Apt. #, etc			5. Certificate of Status Desired		\$8.75	
22		27	27			S. Certificate of Status Desired		Fee Re	quired
City & State	)	City & State	City & State			6. Election Campaign Financing	_	\$5.00	May Be
23		28	28			Trust Fund Contribution		Added t	to Fees
Zip	Country	Zip	7ip Country			8. This corporation owes or has p			
24	25	29	30			Personal Property Tax due Jur			No
	9. Name and Address of Curr	ent Registered Agent				10. Name and Address of New F	legistered	Agent	
SM	ITH, HAROL R.		1	81	Name				
320	1 GRIFFIN ROAD		82 Street Ad			ess (P.O. Box Number is Not Accept	able)		
#20	05								
FOI	rt lauderdale fl			83				÷	
				84	City		EI	85 Zip (	Code
						oration submits this statement for the	<u> </u>	<u> </u>	o replatored
office or re agent. I a	to the provisions of Sections 607.0 egistered agent, or both, in the Sta m familiar with, and accept the obj	tibe of Florida, Such change was igations of, Section 607.0505, F	authorized Torida Statu	by tes	the corporati	ion's board of directors. I hereby acc	ept the app	pointment as	registered
SIGNATURE									
Signiture, typed or profed name of registered agent and title it applicable (NOTE				Registered Agent signature requir		ed when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	D DIDECTOR	C IN 12
12.	OFFICERS AND DIRECTORS  STD DELETE			13.		ADDITIONS/CHANGES TO OFF	ICERS AN	☐ Change	Addition
TITLE	SMITH, SHARON			1.1 III.LE 1.2 NAME				Grange	ricontion
NAME	2751 S. OCEAN DR. #6025	•							
STREET ADDRESS	= -	•			ADDRESS				
CITY-ST-ZIP				1.4 CITY-ST-ZIP				Change	Addition
TITLE	<del>-</del>		R .	2.1 TITLE				Conside	Audition
NAME	SMITH, HAROLD			ME					l
STREET ADDRESS	3201 GRIFFIN ROAD, SUITI	205	2.3 STREET ADDRESS			ēv.	4 -		
CITY-ST-ZIP	HOLLYWOOD FL			2. 4 CITY - ST - ZIP				110	I dedition
TITLE	☐ DELETE			3.1 TITLE				Change	Addition
NAME			3.2 NA						
STREET ADORESS					ADDRESS				
CITY-ST-ZIP				3.4. CITY-ST-ZIP		<u> </u>	- ····		A delite
TITLE	DELETE			4.1 TITLE				☐ Change	☐ Addition
NAME			4. 2 NA	ME					
STREET ADDRESS			4.3 STF	REET	ADDRESS				
CITY-ST-ZIP			4.4 CIT	Y - ST	r-zip				The state of
TITLE		☐ DELETE	5.1 10	LE				☐ Change	Addition
NAME			5.2 NA	ME					
STREET ADDRESS			5.3 ST	HEET :	ADDRESS				
CITY-ST-ZIP			5.4 CIT	Y-S1	T-ZIP				
TITLE		☐ DELETE	6 1 TIT	LE	T		-	☐ Change	Addition Addition
NAME			6.2 NA	ME					
STREET ADDRESS			63 ST	REET	ADDRESS				
CITY-ST-ZIP	1		6.4 CIT	Y-\$1	T-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 suppliemental 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 changes, or on an attachment with an address.

(954)966-0968