

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **274098** (3)
1. Corporation Name
LYNN-MAR APARTMENTS, INC.



Principal Place of Business: **1422 HAYES STREET HOLLYWOOD FL 33020**
Mailing Address: **1422 HAYES STREET HOLLYWOOD FL 33020**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	09/26/1963	01/31/1995
22. City & State	27. City & State	4. FEI Number	Applied For / Not Applicable
23. Zip	28. City & State	59-1023868	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
24. Zip	29. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25. Country	30. Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25. Country		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
POITRAS, THERESE 1422 HAYES STREET HOLLYWOOD FL 33020		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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MISURKA, WILLIAM	1.1 TITLE	D ARPIN LEO
NAME	1422 HAYES STREET	1.2 NAME	1422 Hayes St
STREET ADDRESS	HOLLYWOOD FL	1.3 STREET ADDRESS	Hollywood, Fl.
CITY, ST, ZIP		1.4 CITY, ST, ZIP	
TITLE	D ROCHA, MARY	2.1 TITLE	S ROCHA MARY
NAME	1422 HAYES ST.	2.2 NAME	1422 Hayes St.
STREET ADDRESS	HOLLYWOOD FL	2.3 STREET ADDRESS	Hollywood, Fl.
CITY, ST, ZIP		2.4 CITY, ST, ZIP	
TITLE	D CHABAN, MIKE	3.1 TITLE	
NAME	1422 HAYES STREET	3.2 NAME	
STREET ADDRESS	HOLLYWOOD FL	3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE	D HAUTZINGER, KARL	4.1 TITLE	
NAME	1422 HAYES ST.	4.2 NAME	
STREET ADDRESS	HOLLYWOOD FL	4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE	PT POITRAS, THERESE	5.1 TITLE	
NAME	1422 HAYES ST.	5.2 NAME	
STREET ADDRESS	HOLLYWOOD FL	5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE	V DALPE, ANDRE	6.1 TITLE	
NAME	1422 HAYES	6.2 NAME	
STREET ADDRESS	HOLLYWOOD FL	6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Therese Poitras* **THERESE POITRAS, 2/1/96** , **954-925-7959**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE NUMBER

CR2E034 (12/95)