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**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90011 049 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 274098

1. Corporation Name  
 LYNN-MAR APARTMENTS, INC.



Principal Place of Business  
 1422 HAYES STREET  
 APT. #5  
 HOLLYWOOD FL 33020  
 US

Mailing Address  
 1422 HAYES STREET  
 APT. #5  
 HOLLYWOOD FL 33020  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23  
 Zip Country  
 24 25 29 30

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip Country  
 29 30

3. Date Incorporated or Qualified  
 09/26/1963

4. FEI Number  
 59-1023868

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

POITRAS, THERESE  
 1422 HAYES STREET  
 HOLLYWOOD FL 33020

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	MISURKA, WILLIAM	
STREET ADDRESS	1422 HAYES STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MISURKA, OLGA	
STREET ADDRESS	1422 HAYES ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHABAN, MIKE	
STREET ADDRESS	1422 HAYES STREET	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	INNARELLI, ALBERT	
STREET ADDRESS	1422 HAYES ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	POITRAS, THERESE	
STREET ADDRESS	1422 HAYES ST.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ARPIN, LEO	
STREET ADDRESS	1422 HAYES	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D.S. DZIATKO GARY
2.3 STREET ADDRESS	1422 HAYES ST.
2.4 CITY-ST-ZIP	HOLLYWOOD FL 33020
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D ROCHA MARY
4.3 STREET ADDRESS	1422 HAYES ST.
4.4 CITY-ST-ZIP	HOLLYWOOD FL 33020
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	D DONA EDUARDO.
6.3 STREET ADDRESS	1422 HAYES ST
6.4 CITY-ST-ZIP	HOLLYWOOD FL 33020

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: *THERESE POITRAS*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 PRESIDENTS  
 DATE: 3-15-99

CR2E034 (11/98)