

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 26 AM 8:26

DOCUMENT # **H90537** (2)

1. Corporation Name
LYN-LOR INC.

Principal Place of Business
**2801 E. COMMERCIAL
FT. LAUDERDALE FL 33308
US**

Mailing Address
**2801 E. COMMERCIAL
FT. LAUDERDALE FL 33308
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/18/1985

3a. Date of Last Report
05/01/1994

2. Principal Place of Business

21. Suits, Apt. #, etc.

22. City & State

24. Zip

2a. Mailing Address

26. Suits, Apt. #, etc.

27. City & State

29. Zip

4. FEI Number
59-2622483

Applied For
 Not Applicable

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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**PHYLLIS HARPER
1065 NE 43RD ST
2801 E. COMMERCIAL
FT. LAUDERDALE FL 33308**

CHANGE OF ADDRESS ONLY.

10. Name and Address of New Registered Agent

81. Name **PHYLLIS HARPER.**

82. Street Address (P.O. Box Number is Not Acceptable)
2801 E COMMERCIAL.

83.

84. City **FT LAUD.**

85. Zip Code **FL 33308**

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	HARPER, PHYLLIS
STREET ADDRESS	2500 N.E. 48TH LANE
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	VT
NAME	PROGOSH, LYNDA
STREET ADDRESS	3409 NW 44 ST.
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	P
NAME	PROGOSH, LORNE
STREET ADDRESS	2500 NE 48 LANE
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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: *Phyllis Harper* **PHYLLIS HARPER** **5/10/95** **305 351-0313**