SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

FILED AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750). Jul 22 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham. ANNUAL REPORT Secretary of State Secretary of State 1998 **DIVISION OF CORPORATIONS** DOCUMENT # LYNBAR, INC. Principal Place of Business Mailing Address 5240 N BAY RD 5240 N BAY RD MIAMI BEACH FL 33140 MIAMI BEACH FL 33140 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 08/01/1986 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 26 59-2716309 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No Personal Property Tax due June 30. 24 30 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PEAL, STANLEY 5240 N.BAY ROAD 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI BOH. FL 33140 83 84 City Zip Code 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE 1.1 TITLE DELETE Change Addition PEAL, STANLEY NAME 1.2 NAME 5240 N. BAY ROAD 1.3 STREET ADDRESS STREET ADORESS MIAMI BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE TITLE DELETE Change Addition NAME RICE, LYN 2.2 NAME **5240 NORTH BAY ROAD** 2.3 STREET ADDRESS STREET ADDRESS MIAMI BEACH FL 33140 CRY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change ___ Addition PEAL, BARRY S. NAME 3.2 NAME **5240 N BAY RD** 3.3 STREET ADDRESS STREET ADDRESS MIAMI BCH. FL CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change ____ Addition NAME PEAL, MOLLIE 4 2 NAME STREET ADDRESS 5240 N BAY ROAD 4.3 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL 4.4 CITY-ST-ZIP 5.1 TITLE TITLE DELETE Change Addition NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 5.4 CITY-ST-ZIP 61 TITLE TITLE DELETE Change Addition NAME 6.2 NAME

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. Stanley Peal 6-29-98 (305) 865 0404

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

CR2E034 (5/98)