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 # **K45956** **(5)**

1. Corporation Name

FLYNN FINANCIAL CORP.

Principal Place of Business	Mailing Address
% DONALD F. FLYNN 2898 DATE PALM ROAD BOCA RATON FL 33432	% DONALD F. FLYNN 2898 DATE PALM ROAD BOCA RATON FL 33432

3. Date Incorporated or Qualified: **11/15/1988**
3a. Date of Last Report: **01/09/1996**

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

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

4. FEI Number: **65-0068668** ☐ 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

DONALD F. FLYNN
2898 DATE PALM ROAD
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 800001864038
06/17/96-01054-005
84 City ***225.00 **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	PD	☐ DELETE	1.1 TITLE	President	☑ Change ☐ Addition
NAME	FLYNN, RONALD F		1.2 NAME	Donald F. Flynn	
STREET ADDRESS	2898 DATE PALM ROAD		1.3 STREET ADDRESS	2898 Date Palm Road	
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	DVP	☐ DELETE	2.1 TITLE	Executive Vice President	☑ Change ☐ Addition
NAME	FLYNN, KEVIN F		2.2 NAME	Kevin F. Flynn	
STREET ADDRESS	2898 DATE PALM RD.		2.3 STREET ADDRESS	676 N. Michigan Ave, #4000	
CITY-ST-ZIP	BOCA RATON FL 33432		2.4 CITY-ST-ZIP	Chicago, IL 60611	
TITLE	DVP	☐ DELETE	3.1 TITLE	Executive Vice President	☑ Change ☐ Addition
NAME	FLYNN, BRIAN J		3.2 NAME	Brian J. Flynn	
STREET ADDRESS	2898 DATE PALM RD.		3.3 STREET ADDRESS	676 N. Michigan Ave, #4000	
CITY-ST-ZIP	BOCA RATON FL 33432		3.4 CITY-ST-ZIP	Chicago, IL 60611	
TITLE	VP	☐ DELETE	4.1 TITLE	Executive Vice President	☑ Change ☐ Addition
NAME	FLYNN, BEVERLY L		4.2 NAME	Beverly L. Flynn	
STREET ADDRESS	2898 DATE PALM ROAD		4.3 STREET ADDRESS	2898 Date Palm Road	
CITY-ST-ZIP	BOCA RATON FL 33432		4.4 CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE	VT	☐ DELETE	5.1 TITLE	Vice President & Treasurer	☑ Change ☐ Addition
NAME	SKIBICKI, KEITH J		5.2 NAME	Keith J Skibicki	
STREET ADDRESS	511 NORTH GRANT STREET		5.3 STREET ADDRESS	511 North Grant Street	
CITY-ST-ZIP	HINSDALE IL 60514		5.4 CITY-ST-ZIP	Hinsdale, IL 60514	
TITLE	AS	☐ DELETE	6.1 TITLE	Assistant Treasurer	☑ Change ☐ Addition
NAME	FLYNN, SUSAN E		6.2 NAME	Susan F. Flynn	
STREET ADDRESS	2898 DATE PALM ROAD		6.3 STREET ADDRESS	676 N. Michigan Ave, #4000	
CITY-ST-ZIP	BOCA RATON FL 33432		6.4 CITY-ST-ZIP	Chicago, IL 60611	

5/1

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 added by an attachment with an address.

SIGNATURE: Keith J Skibicki 6/3/96 (312)280-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)