

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 28 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # M97751 (5)  
1. Corporation Name  
ALL DECKS UNLIMITED INC.

Principal Place of Business

Mailing Address

18451 N. TAMiami TRAIL  
N. FT. MYERS FL 33903

18451 N. TAMiami TRAIL  
N. FT. MYERS FL 33903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/02/1988

4. FEI Number

65-0238958

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LYNCH, BRIAN R.  
717 S.W. 12TH ST.  
CAPE CORAL FL 33903

81 Name  
BRIAN R. LYNCH

82 Street Address (P.O. Box Number is Not Acceptable)  
4902 SW 27th PL.

83

84 City  
CAPE CORAL, FLA

85 Zip Code  
FL 33914

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 ☐ DELETE

NAME  
ST LYNCH, LINDA  
STREET ADDRESS  
717 SW 12TH ST  
CITY-ST-ZIP  
CAPE CORAL FL

TITLE ☐ DELETE

NAME  
PVP LYNCH, BRIAN R.  
STREET ADDRESS  
717 S.W. 12TH ST.  
CITY-ST-ZIP  
CAPE CORAL FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
LINDA LYNCH  
1.3 STREET ADDRESS  
4902 SW 27th PL.  
1.4 CITY-ST-ZIP  
CAPE CORAL, FLA 33914

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
pvp BRIAN R. LYNCH  
2.3 STREET ADDRESS  
4902 SW 27th PL.  
2.4 CITY-ST-ZIP  
CAPE CORAL, FLA. 33914

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

SIGNATURE: LINDA A. LYNCH

CR2E034 (10/97)