

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

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**Mar 13 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P96000057015 (5)**

1. Corporation Name  
**ALYNN ENTERPRISES, INC.**



Principal Place of Business Mailing Address  
**6757 - 16TH TERRACE NORTH #185 ST. PETERSBURG FL 33710** **6757 - 16TH TERRACE NORTH #185 ST. PETERSBURG FL 33710-5442**

3. Date Incorporated or Qualified **07/05/1996** 3a. Date of Last Report  
4. FEI Number **59-3389361** 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

2. Principal Place of Business 2a. Mailing Address  
21 **7232 Central Ave** Suite Apt # etc. 26 **7232 Central Ave**  
22 City & State 27 **St. Petersburg, Florida**  
23 **St. Petersburg, Florida** 28 **St. Petersburg, Florida**  
24 **33707** 25 **United States** 29 **33707** 30 **United States**

9. Name and Address of Current Registered Agent  
**SOPCAK, ROBERT A  
6757 - 16TH TERRACE NORTH #185  
ST. PETERSBURG FL 33710**

10. Name and Address of New Registered Agent  
81 Name **Robert Sopcak**  
82 Street Address (P.O. Box Number is Not Acceptable) **8500 Belcher Rd #**  
83 **Apt 110**  
84 City **Pineellas Park** FL 85 Zip Code **33781**

11. I, the undersigned, in the presence of Section 607.05(2) and 607.15(8), Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent (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 607.05(5), Florida Statutes.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
1.1 TITLE  DELETE **D**  
1.2 NAME **SOPCAK, ROBERT A**  
1.3 STREET ADDRESS **6757 - 16TH TERRACE NORTH, #185**  
1.4 CITY - ST - ZIP **ST. PETERSBURG FL 33710**  
1.5 TITLE  DELETE  
1.6 NAME  
1.7 STREET ADDRESS  
1.8 CITY - ST - ZIP  
1.9 TITLE  DELETE  
1.10 NAME  
1.11 STREET ADDRESS  
1.12 CITY - ST - ZIP  
1.13 TITLE  DELETE  
1.14 NAME  
1.15 STREET ADDRESS  
1.16 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  Change  Addition **owner (V)**  
1.2 NAME **Brandy Bayko**  
1.3 STREET ADDRESS **8500 Belcher Rd #110**  
1.4 CITY - ST - ZIP **Pineellas Park FL 33781**  
2.1 TITLE  Change  Addition **owner (P)**  
2.2 NAME **Robert A Sopcak**  
2.3 STREET ADDRESS **8500 Belcher Rd #110**  
2.4 CITY - ST - ZIP **Pineellas Park, FL 33781**  
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, the undersigned, 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 included 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: **Brandy L Bayko (Brandy L Bayko)** 3/10/97 (813) 345-8110  
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Day One Phone #

CR2E034 (9/96)