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 # **339388** **(1)**

1. Corporation Name
LYNN'S KUNZMAN'S, INC.

Principal Place of Business
P.O. BOX 4616
HOLLYWOOD FL 33083
US

Mailing Address
P.O. BOX 4616
HOLLYWOOD FL 33083
US

3. Date Incorporated or Qualified: 12/31/1968
3a. Date of Last Report: 01/19/1995

2. Principal Place of Business [21]
2a. Mailing Address [26]
Suite, Apt. #, etc. [22] / [27]
City & State [23] / [28]
Zip [24] Country [25] / Zip [29] Country [30]

4. FEI Number: 59-1934604 — 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

~~FREELAND, VERNE L.~~
~~1011 N.W. 195TH STREET~~
~~MIAMI FL 33169~~
CHANGED →

10. Name and Address of New Registered Agent

81 Name: SYLVIA L. VEREEN
82 Street Address (P.O. Box Number is Not Acceptable): 1011 N.W. 195TH STREET
83
84 City: MIAMI, FLORIDA FL 85 Zip Code: 33169

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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: Sylvia L. Vereen (SYLVIA L. VEREEN) 4/07/96
Signature (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when not stating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	☑ DELETE
NAME	~~FREELAND,LYNN~~	
STREET ADDRESS	~~1011 N.W. 195TH STREET~~	
CITY-ST-ZIP	~~MIAMI FL~~	
TITLE	ST	☑ DELETE
NAME	~~FREELAND,VERNE~~	
STREET ADDRESS	~~1011 N.W. 195TH STREET~~	
CITY-ST-ZIP	~~MIAMI 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	P.V.T.S.D.C.M. (ALL)	☑ Change ☐ Addition
1.2 NAME	SYLVIA L. VEREEN	
1.3 STREET ADDRESS	1011 N.W. 195TH STREET	
1.4 CITY-ST-ZIP	MIAMI, FLA. 33169	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 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: Sylvia L. Vereen — 4/07/96 — 961-3362
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SYLVIA L. VEREEN Pres.

CR2E034 (12/95)