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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:

Treo on PRINTED NAME OF SIGNING OF James E. Dimsdale



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 480160

(1)

LYNDALE INVESTMENTS, INC.

FILED Feb 21 1997 8:00am Secretary of State

Principal Place of Business Mailing Address Mailing Address	
ARRY MALE 1 ALE	B4444-81611 (83)
4257 OAK LANE	
ST. AUGUSTINE FL 32085	
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	Applied For
21 26 59-1647272	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 5 Certificate of Status Desired 58.	75 Additional e Required
<u></u>	00 May Be
	ded to Fees
Zip Country Zip Country 8. This corporation has liability for intangible tax un	ler s. 199.032,
24 25 29 30 Florida Statutes Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent DIACON E INNEC E	
DIMODALE, JAMES E.	
4257 OAK LANE 82 Street Address (P.O. Box Number is Not Acceptable)	
ST. AUGUSTINE FL 32086	
[83]	
84 City 85	Zip Code
FL	a de casista ad
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 change of change of the corporation of directors. I hereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of change was authorized by the corporation's board of directors. I hereby accept the appointment of the purpose of change was authorized by the corporation of directors.	it as registered
agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	
SIGNATURE Significate Speed or printed name of registence agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	TORS IN 12
TILLE DELETE 1.1 TITLE	
NAME DIMSDALE, JAMES E. 1.2 NAME	
STREET ADDRESS 39 OAK LANE 1.3 STREET ADDRESS	
CHY-SI-ZP ST AUGUSTINE FL 14 CHY-ST-ZIP	
TITLE V Ch	nge Addition
NAME DIMSDALE, JOHN E. 22 NAME	
STREET ADDRESS 39 OAK LANE 23 STREET ADDRESS	
CITY-ST-ZIP ST AUGUSTINE FL 2.4 CITY-ST-ZIP	
TITLE STD DELETE 3.1 YITLE	nge Addition
NAME DIMSDALE, RUTH L 3.2 NAME	
STREET ADDRESS 4257 OAK LANE 3.3 STREET ADDRESS	
CHY-ST-ZIP ST AUGUSTINE FL 34. CHY-ST-ZIP	
TITLE DELETE 4.1 TITLE Ch	nge Ll Addition
NAME 4.2 NAME	
STREET ADDRESS 4.3 STREET ADDRESS	
CHY+SI-20" 4.4 CHY+SI-20P THE	nge Addition
<u></u>	inge La Abbanon
NAME 5.2 NAME	
STATEL ADDRESS 5.3 STREET ADDRESS 5.4 CITY, ST. 7IP	
C17Y - S1 - 71P	nge
NAME 62 NAME	
STREET ADDRESS 63 STREET ADDRESS	
C(TY+SI-7IP) 64 C(TY-SI-7IP)	
14. Lide basely could that the information cumpled with this filling does not qualify for the exemption stated in Section 119.07(3)(i) Florida Statutes. Further certifications are supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i) Florida Statutes. Further certifications are supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i) Florida Statutes.	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 mail am an officer or director of the corporation or the receiver or thristige empoyered to execute this report as required by Chapter 607, Florida Statutes; and that appears in Block 12 or Block 13 if changing, or on an attachment with an address.	e under oath; that my name