

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

FILED

May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 696153 (6)
 1. Corporation Name
LYNN GREEN, INC.



Principal Place of Business 111 BRIDGERS AVENUE C/O RANDY F. GREEN AUBURNDALE FL 33823-3501	Mailing Address 111 BRIDGERS AVENUE C/O RANDY F. GREEN AUBURNDALE FL 33823-3501
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/27/1981	3a. Date of Last Report 05/01/1996
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number 59-2107724	Applied For <input type="checkbox"/> Not Applicable
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**GREEN, RANDY E.
111 BRIDGERS AVENUE
AUBURNDALE FL**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, LYNN	1.2 NAME	
STREET ADDRESS	111 BRIDGERS AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	AUBURNDALE FL	1.4 CITY - ST - ZIP	
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JUANITA	2.2 NAME	
STREET ADDRESS	111 BRIDGERS AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	AUBURNDALE FL	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, RANDALL E.	3.2 NAME	
STREET ADDRESS	111 BRIDGERS AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	AUBURNDALE FL	3.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN THOMAS L.	4.2 NAME	
STREET ADDRESS	111 BRIDGERS AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	AUBURNDALE FL 33823	4.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN JAMES R.	5.2 NAME	
STREET ADDRESS	111 BRIDGERS AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	AUBURNDALE FL 33823	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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: _____

Randall E. Green
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 (94) 967-2617
 Date Daytime Phone #

0399081

CR2E034 (9/96)