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

PROFIT CORPORATION ANNUAL REPORT

1999

FLYNN ASSOCIATES, INC.

DOCUMENT # F27947

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90111 046 ***150.00



Principal Place of Business Mailing Address						4 3 INDITAL HIR LIBIT (BAIN INTE AID)) (SAN DIAN	01911 61011 01011 C	
7800 S.W. 57 AVENUE. #126 SOUTH MIAMI FL 33143		7800 S.W. 57 AVENUE. #126 SOUTH MIAMI FL 33143						
OCCUPATION IN SQUARE				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed 04/01/1981		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
<u>.</u>		26				59-2084344	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75	Additional
2		27			9. Certicate of Status Desired	Fee Re	equired	
City & State		City & State			6. Election Campaign Financing	\$5.00	May Be	
13		28				Trust Fund Contribution	Added t	to Fees
Zip	Country	Zip	Count	ry		8. This corporation owes the current year Ir		- l
.4	25	29 30	<u> </u>			Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent		41		10. Name and Address of New Registered	Agent	
CDE	THE HADOLD I		8	1 Nami	,		.'	}
GREENE, HAROLD L 1451 BRICKELL AVE			8	2 Stree	t Addre	ess (P.O. Box Number is Not Acceptable)		
	ALFL FL		8	3		_		
IVIII			ľ)				
			8	4 City		FI	85 Zip (Code
47 5		3 and CO7 1509 Florido Statutos	the abo	WD DOMO	d como	pration submits this statement for the purpose of	_	registered
office or r	ogistored agent or both in the State (of Florida. Such change was auth	iorized b	w the cor	poration	n's board of directors. I hereby accept the appo	intment as re	gistered
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florida	a Statute	es.				
SIGNATURE						when reinstating) DATE		
12.	Signature, typed or printed name of registered agen OFFICERS AN		13.	yanı signatur) required	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	STD	☐ DELETE	1.1 TITLE	 :	T^{-}		Change	☐ Addition
NAME	ROTH, PHYLLIS		1.2 NAM	É	}			
STREET ADDRESS	014 -4 OT		i	ET ADDRES	s			į.
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY		1		•	}
TITLE	PD	☐ DELETE	2.1 TITLE		+-		Change	Addition
NAME	WILSON, BEVERLY	ı	2.2 NAM	E	1			
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CITY-ST-ZIP	MIAMI, FLORIDA 00000		B .	/-ST-ZIP				
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NAME			5.2 NAM	E	1			ĺ
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CITY-ST-ZIP			5.4 CiTY	-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME			6.2 NAM	Ε				
STREET ADDRESS			6.3 STR	EET ADDRES	s			ļ. 1
	{		L A CITY	OT 715	1			1

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 of changed, or on an attachment with an address, with all other like empowered.

SIGNATURE