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 # **F92000000760 (0)**

1. Corporation Name

LYNRO (N.C.), INC.

Principal Place of Business	Mailing Address
5500 AVE ROYALMOUNT, SUITE 200 MONTREAL, QUEBEC CANADA H4P 1H7	5500 AVE ROYALMOUNT, SUITE 200 MONTREAL, QUEBEC CANADA H4P 1H7

3. Date Incorporated or Qualified	3a. Date of Last Report
12/17/1992	02/07/1995

4. FEI Number: 13-3310638 — Applied For / Not Applicable

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PSTD	☐ DELETE
NAME	ROULEAU, ROBERT T	
STREET ADDRESS	5500 AVE. ROYALMOUNT, SUITE 200	
CITY-ST-ZIP	MONTREAL,QUE,CANADA H4P 1H7	
TITLE	AS	☐ DELETE
NAME	SHAPIRO, PETER M	
STREET ADDRESS	5500 AVE. ROYALMOUNT, SUITE 200	
CITY-ST-ZIP	MONTREAL,QUE,CANADA H4P 1H7	
TITLE	AS	☐ DELETE
NAME	ZAVALKOFF, NORMAN	
STREET ADDRESS	5500 AVE. ROYALMOUNT, SUITE 200	
CITY-ST-ZIP	MONTREAL,QUE,CANADA H4P 1H7	
TITLE	AV	☐ DELETE
NAME	ROULEAU, ROBERT	
STREET ADDRESS	808 THIRD STREET, SUITE C	
CITY-ST-ZIP	NEPTUNE BEACH FL 32233	
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
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		

CR2E034 (12/95)

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 ROBERT T. ROULEAU 2/5/96 5147375432

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #