

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

FILED

Apr 08 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 # **G18093** (6)
1. Corporation Name
LYN-WAY DESIGN & CONSTRUCTION, INC.

Principal Place of Business 8727 HARBORVIEW DRIVE ORLANDO FL 32817 US	Mailing Address 8727 HARBORVIEW DRIVE ORLANDO FL 32817-1330 US
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2. Principal Place of Business 21 8980 Palos Verde Drive Suite, Apt. #, etc.		2a. Mailing Address 26 8980 Palos Verde Drive Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/10/1983	3a. Date of Last Report 03/18/1996
22 Orlando City & State		27 Orlando Fla City & State		4. FEI Number 59-2241820	Applied For <input type="checkbox"/> Not Applicable
23 Orlando FL Zip Country		28 Orlando Fla Zip Country		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 32825		29 32825		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25 US		30 US		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CLARK, CHARLES WAYNE 8727 HARBORVIEW DRIVE ORLANDO FL 32817		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 8980 Palos Verde Dr 83 84 City Orlando FL 85 Zip Code 32825	
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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 _____
(Note: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLARK, LINDA D.		1.2 NAME	
STREET ADDRESS 8727 HARBORVIEW DR		1.3 STREET ADDRESS 8980 Palos Verde Dr	
CITY - ST - ZIP ORLANDO FL		1.4 CITY - ST - ZIP Orlando, FL 32825	
TITLE VST	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CLARK, CHARLES WAYNE		2.2 NAME	
STREET ADDRESS 8727 HARBORVIEW DR		2.3 STREET ADDRESS 8980 Palos Verde Drive	
CITY - ST - ZIP ORLANDO FL		2.4 CITY - ST - ZIP Orlando, FL 32825	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		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: **Linda D. Clark** **LINDA D. CLARK** 4-2-97 407 658 7884
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)