

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

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Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G71237** (3)
1. Corporation Name
VANLYN, INC.



Principal Place of Business
**1-85 & STATE RD. 16
P O BOX 2200
ST.AUGUSTINE FL 32085**

Mailing Address
**1542 KINGSLEY AVE
SUITE 187
ORANGE PARK FL 32073
US**

**P.O. Box 2200
St. Augustine, FL
32085**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2365 SR 16 Suite, Apt. #, etc. 22 City & State 23 St. Augustine, FL Zip 24 32095 Country 25 USA		2a. Mailing Address 26 P.O. Box 2200 Suite, Apt. #, etc. 27 City & State 28 St. Augustine, FL Zip 29 32085 Country 30 USA		3. Date Incorporated or Qualified 11/21/1983	
		4. FEI Number 59-2370978		Applied For Not Applicable	
		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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent

**PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVE.
P.O.BOX 181
DAYTONA BEACH FL 32014**

10. Name and Address of New Registered Agent

81 Name **VANJARIA, ABDUL M**
82 Street Address (P.O. Box Number is Not Acceptable)
1953 BREAKERS POINTE WAY
83
84 City **WEST PALM BEACH** FL 85 Zip Code **33411**

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 *Abdul M. Vanjaria* (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE **3/5/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	DPS
NAME	VANJARIA, ABDUL	1.2 NAME	VANJARIA, ABDUL
STREET ADDRESS	1-85 & STATE RD. 16	1.3 STREET ADDRESS	1953 BREAKERS POINTE WAY
CITY-ST-ZIP	ST.AUGUSTINE FL	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE	T	2.1 TITLE	T
NAME	VANJARIA, ABDUL	2.2 NAME	VANJARIA, ABDUL
STREET ADDRESS	1-85 & STATE RD. 16	2.3 STREET ADDRESS	1953 BREAKERS POINTE WAY
CITY-ST-ZIP	ST.AUGUSTINE FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE		3.1 TITLE	VD
NAME		3.2 NAME	VANJARIA, ABED M
STREET ADDRESS		3.3 STREET ADDRESS	3355 CLAIRE LN, APT. 1414
CITY-ST-ZIP		3.4 CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE		4.1 TITLE	VD
NAME		4.2 NAME	VANJARIA, HANIF M.
STREET ADDRESS		4.3 STREET ADDRESS	3355 CLAIRE LN, APT. 1414
CITY-ST-ZIP		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32223
TITLE		5.1 TITLE	S
NAME		5.2 NAME	VANJARIA, CAROLYN
STREET ADDRESS		5.3 STREET ADDRESS	1953 BREAKERS POINTE WAY
CITY-ST-ZIP		5.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33411
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 if changed, or on an attachment with an address

SIGNATURE: *Hanif M. Vanjaria* **HANIF M. VANJARIA, VD** **3/3/98** **(904) 824-3903**

CR2E034 (10/97)