

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 21, 1999 8:00 am
Secretary of State

02-21-1999 90048 048 ***150.00

DOCUMENT # G71237

1. Corporation Name

VANLYN, INC.

Principal Place of Business

2365 SR 16
P O BOX 2200
ST. AUGUSTINE FL 32095
US

Mailing Address

P. O. BOX 2200
SUITE 137
ST. AUGUSTINE FL 32085
US

DO NOT WRITE IN THIS SPACE

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2365 SR 16
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. BOX 2200
Suite, Apt. #, etc.

City & State

23 ST. AUGUSTINE, FL

City & State

28 ST. AUGUSTINE, FL

Zip Country

24 32085 25

Zip Country

29 32085 30

9. Name and Address of Current Registered Agent

VANJARIA, ABDUL M.
1953 BREAKERS POINTE WAY
P.O. BOX 191
WEST PALM BEACH FL 33411

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
DPS
VANJARIA, ABDUL
STREET ADDRESS
1953 BREAKERS POINTE WAY
CITY-ST-ZIP
WEST PALM BEACH FL 33411

TITLE ☐ DELETE

NAME
T
VANJARIA, ABDUL
STREET ADDRESS
1953 BREAKERS POINTE WAY
CITY-ST-ZIP
WEST PALM BEACH FL 33411

TITLE ☐ DELETE

NAME
VD
VANJARIA, ABEED M.
STREET ADDRESS
3355 CLAIRE LN, APT. 1414
CITY-ST-ZIP
JACKSONVILLE FL 32223

TITLE ☐ DELETE

NAME
VD
VANJARIA, HANIF M.
STREET ADDRESS
3355 CLAIRE LN, APT. 1414
CITY-ST-ZIP
JACKSONVILLE FL 32223

TITLE ☐ DELETE

NAME
S
VANJARIA, CAROLYN
STREET ADDRESS
1953 BREAKERS POINTE WAY
CITY-ST-ZIP
WEST PALM BEACH FL 33411

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/8/99

(904) 824-3903

CR2E034 (1/98)