

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **H90537 (2)**

1. Corporation Name
LYN-LOR INC.



Principal Place of Business Mailing Address
2601 E. COMMERCIAL FT. LAUDERDALE FL 33308 US
2601 E. COMMERCIAL FT. LAUDERDALE FL 33308 US

CHANGE TO

2. Principal Place of Business	2a. Mailing Address
21 4725 NE 12 AVE.	26 4725 N.E 12 AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 FT LAUDERDALE FL	28 FT LAUDERDALE
24 33334 25 BROWARD	29 FL 33334 30 BROWARD

3. Date Incorporated or Qualified 12/18/1985	3a. Date of Last Report 05/26/1995
4. FEI Number 59-2622483	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
**HARPER, PHYLLIS
2601 E COMMERCIAL
2601 E. COMMERCIAL
FT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent
81 Name **PROGOSH LORNE P**
82 Street Address (P.O. Box Number is Not Acceptable)
2500 NE 48 LANE
83 **APT 204**
84 City **FT LAUDERDALE FL** 85 Zip Code **33308**

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]* **LORNE PROGOSH.** DATE **5/17/96.**

12. OFFICERS AND DIRECTORS		DELETE
TITLE	S	<input type="checkbox"/>
NAME	HARPER, PHYLLIS	
STREET ADDRESS	2500 N.E. 48TH LANE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	VT	<input type="checkbox"/>
NAME	PROGOSH, LYNDA	
STREET ADDRESS	3409 NW 44 ST.	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE	P	<input type="checkbox"/>
NAME	PROGOSH, LORNE	
STREET ADDRESS	2500 NE 48 LANE	
CITY - ST - ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	SAME	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	SAME		
2.3 STREET ADDRESS	2500 NE 48 LANE APT 204		
2.4 CITY - ST - ZIP	FT LAUDERDALE FL 33308		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

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 a address.

SIGNATURE: *[Signature]* **LORNE PROGOSH, PRES.** DATE **5/17/96** PHONE **305-351-0313**

CR2E034 (12/95)