


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

FILED
Apr 17 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 # **H91202** (2)
1. Corporation Name
HOLLY LYNNE ENTERPRISES INC.

Principal Place of Business C/O DENNIS THOMPSON 444 ALMOND LANE BIG PINE KEY FL 33043 US	Mailing Address C/O DENNIS THOMPSON 444 ALMOND LANE BIG PINE KEY FL 33043-4618 US
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2. Principal Place of Business 21 C/O DEAN THOMPSON Suite, Apt. #, etc. 22 444 ALMOND LANE City & State 23 BIG PINE KEY FL Zip 24 33043 Country 25 MONROE		2a. Mailing Address 26 C/O DEAN THOMPSON Suite, Apt. #, etc. 27 444 ALMOND LANE City & State 28 BIG PINE KEY FL Zip 29 33043 Country 30 MONROE		3. Date Incorporated or Qualified 12/19/1985	3a. Date of Last Report 04/25/1996
		4. FEI Number 59-2627082		Applied For Not Applicable	
		5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent THOMPSON, DENNIS L RT 1, BOX 559 ALMOND LANE BIG PINE KEY FL 33043		10. Name and Address of New Registered Agent 81 Name THOMPSON, DEAN O. 82 Street Address (P.O. Box Number is Not Acceptable) 444 ALMOND LANE 83 84 City BIG PINE KEY FL 85 Zip Code 33043	
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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 *Dean Thompson* **DEAN O THOMPSON PRESIDENT** 4/14/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP <input checked="" type="checkbox"/> DELETE	NAME THOMPSON, DENNIS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 444 ALMOND LANE		1.2 NAME	
CITY - ST - ZIP BIG PINE KEY FL		1.3 STREET ADDRESS	
TITLE D <input type="checkbox"/> DELETE	NAME THOMPSON, DEAN	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 444 LAMOND LANE		2.1 TITLE	D.P. <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY - ST - ZIP BIG PINE KEY FL		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		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: *Dean Thompson* **DEAN THOMPSON** 4/14/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #