

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Barbara H. Nordmark
Secretary of State
Executive Office, Tallahassee, FL 32304

**APPROVED
AND
FILED**

DOCUMENT # K38738

(6)

1. Corporation Name

PARTIES BY LYNN, INC.

EX-101 1/18/92

RECEIVED STATE
TALLAHASSEE, FLORIDA

Principal Office Address

**12316 SW 132 CT
MIAMI FL 33186
US**

Mailing Address

**8653 SW 79TH PL
MIAMI FL 33183
US**

(Date of Report Due: 12/31/95)

3. (Date of Corporation's Existence) 10/14/1988	3a. Date of Last Report 04/13/1994
4. FIC Number 65-0079433	Applied For New Application
5. Certificate of State (Issued) ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Fund Fund Contribution ☐	\$5.00 May Be Added to Fees
7. This corporation does not submit the independent proxy under S. 100.01(2) Florida Statute ☐ Yes ☒ No	

2. Principal Office of Reporting 21	2a. Mailing Address 26
State App. # 22	State App. # 27
City, State 23	City & State 28
App. # 24	App. # 29
25	30

9. Name and Address of Current Registered Agent

**LYNN SHAPIRO
8653 SW 79TH PL
MIAMI FL 33183**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address, P.O. Box Number or Fed. Acquisition	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 601, 602 and 603, 604 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 Sections 602, 603, Florida Statutes.

SIGNATURE

(Print Name of Registered Agent or Secretary of Corporation)

(Print Name of Registered Agent or Secretary of Corporation)

(Date)

12. OFFICERS, APPLICABLE TO ALL		13. ADDITIONS, CHANGES TO OFFICERS, AND ADDITIONS TO	
NAME	D SHAPIRO, LYNN	NAME	☐ Change ☐ Addition
STREET ADDRESS	8653 SW 79TH PL	STREET ADDRESS	
CITY, STATE	MIAMI FL	CITY, STATE	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, STATE		CITY, STATE	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, STATE		CITY, STATE	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, STATE		CITY, STATE	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, STATE		CITY, STATE	☐ Change ☐ Addition
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, STATE		CITY, STATE	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is substantially true and correct, and that the information is true and correct as of the date of filing. I am an officer or director of this corporation or the person or persons responsible for the preparation of this report as required by Chapter 603, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing or is an officer or director of this corporation.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/95

273-4001