

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

FILED
Feb 03 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # K45956 (5)
1. Corporation Name
FLYNN FINANCIAL CORP.

Principal Place of Business Mailing Address
% DONALD F. FLYNN % DONALD F. FLYNN
2898 DATE PALM ROAD 2898 DATE PALM ROAD
BOCA RATON FL 33432 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/15/1988

4. FEI Number Applied For
65-0088668 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P FLYNN, RONALD F <input type="checkbox"/> DELETE	1.1 TITLE	P FLYNN, DONALD F <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, RONALD F	1.2 NAME	FLYNN, DONALD F
STREET ADDRESS	2898 DATE PALM ROAD	1.3 STREET ADDRESS	2898 DATE PALM ROAD
CITY-ST-ZIP	BOCA RATON FL 33432	1.4 CITY-ST-ZIP	BOCA RATON FL 33432
TITLE	V FLYNN, KEVIN F <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, KEVIN F	2.2 NAME	
STREET ADDRESS	676 N. MICHIGAN AVE., #4000	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611	2.4 CITY-ST-ZIP	
TITLE	V FLYNN, BRIAN J. <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, BRIAN J.	3.2 NAME	
STREET ADDRESS	676 N. MICHIGAN AVE., #4000	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611	3.4 CITY-ST-ZIP	
TITLE	V FLYNN, BEVERLY L <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, BEVERLY L	4.2 NAME	
STREET ADDRESS	2898 DATE PALM ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33432	4.4 CITY-ST-ZIP	
TITLE	V/T SKIBICKI, KEITH J <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SKIBICKI, KEITH J	5.2 NAME	
STREET ADDRESS	511 NORTH GRANT STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	HINSDALE IL 60514	5.4 CITY-ST-ZIP	
TITLE	T FLYNN, SUSAN E <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLYNN, SUSAN E	6.2 NAME	
STREET ADDRESS	676 N. MICHIGAN AVE., #4000	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611	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.

CR2E034 (10/97)