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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **K45956**

1. Corporation Name
FLYNN FINANCIAL CORP.



Principal Place of Business

% DONALD F. FLYNN
 2898 DATE PALM ROAD
 BOCA RATON FL 33432

Mailing Address

% DONALD F. FLYNN
 2898 DATE PALM ROAD
 BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/15/1988

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 90 Flynn Enterprises, Inc.

27 676 N. Michigan Ave., #4000

28 Chicago, IL

29 Zip 60611 30 Country USA

4. FEI Number

65-0088668

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

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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

P
 NAME FLYNN, DONALD F
 STREET ADDRESS 2898 DATE PALM ROAD
 CITY-ST-ZIP BOCA RATON FL 33432

TITLE DELETE

V
 NAME FLYNN, KEVIN F
 STREET ADDRESS 676 N. MICHIGAN AVE., #4000
 CITY-ST-ZIP CHICAGO IL 60611

TITLE DELETE

V
 NAME FLYNN, BRIAN J.
 STREET ADDRESS 676 N. MICHIGAN AVE., #4000
 CITY-ST-ZIP CHICAGO IL 60611

TITLE DELETE

V
 NAME FLYNN, BEVERLY L
 STREET ADDRESS 2898 DATE PALM ROAD
 CITY-ST-ZIP BOCA RATON FL 33432

TITLE DELETE

V/T
 NAME SKIBICKI, KEITH J
 STREET ADDRESS 511 NORTH GRANT STREET
 CITY-ST-ZIP HINSDALE IL 60514

TITLE DELETE

T
 NAME FLYNN, SUSAN E.
 STREET ADDRESS 676 N. MICHIGAN AVE., #4000
 CITY-ST-ZIP CHICAGO IL 60611

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME Assistant Treasurer
 6.3 STREET ADDRESS Susan F. Flynn
 6.4 CITY-ST-ZIP 676 N. Michigan Ave., Suite 4000
 Chicago, IL 60611

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.07(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:

Keith J. Skibicki

Keith J. Skibicki

4-19-99

(312) 280-3718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)