

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

FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # K88681

(7)

1. Corporation Name
JAMI LYNN, INC.



Principal Place of Business
**2200 MAIN STREET
 P. O. BOX 2484
 FT. MYERS BEACH FL 33931**

Mailing Address
**2200 MAIN STREET
 P. O. BOX 2484
 FT. MYERS BEACH FL 33931-3404**

3. Date Incorporated or Qualified 05/16/1989	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0125497	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 21054 St. Peters Dr. Suite, Apt. #, etc.
22 City & State	27 City & State Ft. Myers Beach FL
23 Zip	28 Zip 33931
24 Country	29 Country Lee

9. Name and Address of Current Registered Agent RASH, DAVID G. 2200 MAIN STREET FT. MYERS BEACH FL 33932	10. Name and Address of New Registered Agent
81 Name	Elizabeth A. Rash
82 Street Address (P.O. Box Number is Not Acceptable)	21054 St. Peters Dr.
83	
84 City	Ft. Myers Beach FL
	85 Zip Code 33931

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 *Elizabeth A. Rash* **Elizabeth A. Rash** DATE **4/24/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIDLEY, DOROTHY	1.2 NAME	
STREET ADDRESS	15490 COPRA LN	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASH, DAVID G	2.2 NAME	
STREET ADDRESS	21054 ST. PETER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIZABETH A. RASH	3.2 NAME	Elizabeth A. Rash
STREET ADDRESS	21054 ST. PETER'S DRIVE	3.3 STREET ADDRESS	21054 St. Peters Dr.
CITY-ST-ZIP	FT. MYERS BEACH FL	3.4 CITY-ST-ZIP	Ft. Myers Beach FL
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	V Blanche Lee
STREET ADDRESS		4.3 STREET ADDRESS	892 Buttonwood
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Ft. Myers Beach, FL.
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Elizabeth A. Rash* **Elizabeth A. Rash** DATE: **4/24/97**

CR2E034 (9/96)