SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

NUAL REPO 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L24572

(4)

FILED Jul 09 1998 8:00am Secretary of State

LYN S.	MEYERS HOMES, INC.	()		A CERTIFIC FIRE HARM BUTCH CHAIN CERTIC CHAIN	NAN ATAR ATAN ATAN ATAN ATAN ATAN
Principal Plac	ce of Business	Mailing Addrose			
1121 SILVER E	BEACH RO	Mailing Address 1121 SILVER BEACH RD LAKE PARK FL 33403			ingis angst arbit at Att Bidit Gibit 1821
	*			DO NOT WRITE IN 1	THIS SPACE
1	•			3. Date Incorporated or Qualified	THO OF ACE
				10/23/1989	
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0150430	Not Applicable
Suite, Apt.	. #, e(C.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & Sta	Po .	City & State	——————————————————————————————————————	or dominate of status Desired	Fee Required
23	10	City & State	į	6. Election Campaign Financing	\$5.00 May Be
Zip	Country	Zip	Countr	Trust Fund Contribution	Added to Fees
24	25	29	30	8. This corporation owes or has paid the	current year Intangible
(=-7)	9. Name and Address of Curren		130	Personal Property Tax due June 30.	☐ Yes ☐ No
MEV	ERS, LYN S.		8 Name	10. Name and Address of New Register	ed Agent
	1 SILVER BEACH RD				
	E PARK FL 33403		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	- 17 WW 1 E 05 100		8:		······································
	•		84 City		85 Zip Code
11. Pursuan	t to the provisions of sections 607.050	2 and 607.1508. Florida Statute	s the abovenamed corne	rotion ask all the state of the	L S Zip Code
office or	registered agent, or both, in the State am familiar with, and accept the oblig	of Florida. Such change was a	uthorized bithe corporati	oration submits this statement for the purpose of on's board of directors. I hereby accept the ap	f changing its registered
agent. I i					
·=	•	ations of, section 607,0505, Fig	orida Statute		Position de registerad
SIGNATURE	•		·		
·=	Signature, typed or printed name of registered age		OTE: Registered ent signature requ	uired when reinstating) DATE	
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AN	nt and tille if applicable (NC	DTE: Registered ent signature requ		AND DIRECTORS IN 12
SIGNATURE	Signature, typed or printed name of registered age	nt and tille if applicable (NC ND DIRECTORS	DTE: Registered ent signature requ	uired when reinstating) DATE	
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It hereby certify that the information supplied with this filing does not qualify for the exemptionated 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 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 the port 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 LYN 5 MENS

1. Allen 5/ 60/000 a