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Mar 13 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 # **L37160** (3)
1. Corporation Name
FRANK LYNCH & ASSOCIATES, INC.



Principal Place of Business Mailing Address
C/O FRANKLIN E. LYNCH
630 GRANDVIEW DRIVE
LEHIGH ACRES FL 33936

3. Date Incorporated or Qualified 12/15/1989	3a. Date of Last Report 04/04/1996
4. FEI Number 65-0159529	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 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
LYNCH, FRANKLIN E.
630 GRANDVIEW DRI
LEHIGH ACRES FL 33936

10. Name and Address of New Registered Agent

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

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, and further with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
101 NAME D LYNCH, FRANKLIN E. 630 GRANDVIEW DR LEHIGH ACRES FL	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
102 NAME D LYNCH, PATRICIA R. 630 GRANDVIEW DR LEHIGH ACRES FL	<input type="checkbox"/> DELETE	12 NAME	
103 NAME		13 STREET ADDRESS	
104 NAME		14 CITY-ST-ZIP	
105 NAME		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
106 NAME		22 NAME	
107 NAME		23 STREET ADDRESS	
108 NAME		24 CITY-ST-ZIP	
109 NAME		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
110 NAME		32 NAME	
111 NAME		33 STREET ADDRESS	
112 NAME		34 CITY-ST-ZIP	
113 NAME		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
114 NAME		42 NAME	
115 NAME		43 STREET ADDRESS	
116 NAME		44 CITY-ST-ZIP	
117 NAME		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
118 NAME		52 NAME	
119 NAME		53 STREET ADDRESS	
120 NAME		54 CITY-ST-ZIP	
121 NAME		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
122 NAME		62 NAME	
123 NAME		63 STREET ADDRESS	
124 NAME		64 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 reported 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 (changed) or on an attachment with an address.

SIGNATURE: *Frank E. Lynch* 3/10/97 941-369-4666
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)