

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 2, 1995.
AMOUNT DUE ON OR BEFORE 8/2/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L47928

(1)

1. Corporation Name

LYNWEL CORPORATION

95 JUN 15 PM 12:00

Principal Place of Business

8095 NW 64 ST
MIAMI FL 33166

Mailing Address

8095 NW 64 ST
MIAMI FL 33166

change
address

change
address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/01/1990

3a. Date of Last Report

04/01/1994

4. FEI Number

65-0174462

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 7540 LOCH NESS DR.

2a. Mailing Address

26 SAME

Suite, Apt. #, etc

Suite, Apt. #, etc

City & State

23 MIAMI LAKES

City & State

28 SAME

Zip

24 FL

Country

25 USA

Zip

29 33014

Country

30

9. Name and Address of Current Registered Agent

T AND G REGISTERED AGENTS, INC
2699 SOUTH BAYSHORE DR
THIRD FLOOR
MIAMI FL FL 33133

10. Name and Address of New Registered Agent

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 date of application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
WELLMAN, LYNDA
6915 N W 43RD ST.
MIAMI FL



13.

ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS: (P. 12)

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

7540 LOCH NESS DR.
MIAMI LAKES, FL 33014

☒ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Lynda Wellman, LYNDA Wellman

6-12-95 305-681-8840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number