

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **L90765** (3)

1. Corporation Name

**T.S. FLYNN AND ASSOCIATES, INC.**



Principal Place of Business

**3440 NE 12TH AVE #4  
OAKLAND PARK FL 33334**

Mailing Address

**3440 NE 12TH AVE #4  
OAKLAND PARK FL 33334**

3. Date Incorporated or Qualified  
**07/16/1990**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business  
21 **7720 NW 56 Way**

2a. Mailing Address  
26 **7720 NW 56 Way**

4. FEI Number  
**65-0200886**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **PH2N**

27 **PH2N**

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

City & State  
23 **Pompano Beach, FL**

City & State  
28 **Pompano Beach, FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be  
Added to Fees**

Zip  
24 **33073** Country  
25 **Broward**

Zip  
29 **33073** Country  
30 **Broward**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLYNN, THOMAS S.  
3440 NE 12TH AVE  
STE 4  
OAKLAND PARK FL 33334**

81 Name  
**Thomas S. Flynn**

82 Street Address (P.O. Box Number is Not Acceptable)

**7720 NW 56 Way**

83 **PH2N**

84 City  
**Pompano Beach**

FL 85 Zip Code  
**33073**

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 **thomas S. Flynn**

**4/26/96**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE  
NAME **FLYNN, THOMAS S**  
STREET ADDRESS **8300 NW 54TH ST**  
CITY-ST-ZIP **LAUDERHILL FL**

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **Flynn, Thomas S**  
1.3 STREET ADDRESS **7081 NW 75 St**  
1.4 CITY-ST-ZIP **Parkland, FL 33063**

TITLE **STD** ☐ DELETE  
NAME **FLYNN, MAUREEN**  
STREET ADDRESS **8300 NW 54TH ST**  
CITY-ST-ZIP **LAUDERHILL FL**

2.1 TITLE **STD** ☒ Change ☐ Addition  
2.2 NAME **Flynn, Maureen**  
2.3 STREET ADDRESS **7081 NW 75 St**  
2.4 CITY-ST-ZIP **Parkland, FL 33063**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

**Thomas S. Flynn**

**4/26/96**

**(954) 725-8668**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)