

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

FILED
Apr 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L98137** (7)
1. Corporation Name
LYNN & HANSON, P.A.

Principal Place of Business 48 NE 15TH ST HOMESTEAD FL 33030	Mailing Address 48 NE 15TH ST HOMESTEAD FL 33030-4507
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/04/1990	3a. Date of Last Report 04/24/1996
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number 65-0218641	Applied For Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent LYNN, JOHN M 48 NE 15TH ST HOMESTEAD FL 33030				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 the if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	TILSON, THOMAS A	<input checked="" type="checkbox"/> DELETE		
NAME					
STREET ADDRESS		48 NE 15TH ST			
CITY - ST - ZIP		HOMESTEAD FL			
TITLE	PD	LYNN, JOHN M	<input type="checkbox"/> DELETE		
NAME		LYNN, JOHN M			
STREET ADDRESS		48 NE 15TH ST			
CITY - ST - ZIP		HOMESTEAD FL			
TITLE	STD VP	HANSON, CARL	<input type="checkbox"/> DELETE		
NAME		HANSON, CARL			
STREET ADDRESS		48 NE 15TH ST			
CITY - ST - ZIP		HOMESTEAD FL			
TITLE			<input type="checkbox"/> DELETE		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE			<input type="checkbox"/> DELETE		
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE		PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME		LYNN, JOHN M.			
2.3 STREET ADDRESS		SAME			
2.4 CITY - ST - ZIP					
3.1 TITLE		UPSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME		HANSON, CARL			
3.3 STREET ADDRESS		SAME			
3.4 CITY - ST - ZIP					
4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> 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 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, or on an attachment with an address.

SIGNATURE:  **CARL HANSON, U.P.** 4/15/97 305-246-1600
Date Daytime Phone #

CR2E034 (9/96)