

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 # **M45598** (3)

1. Corporation Name

**LYNCH'S SIGN STUDIO, INC.**



Principal Place of Business

**C/O ROBERT L. FELDMAN  
3081 SALZEDO STREET, 2ND FLOOR  
CORAL GABLES FL 33134**

Mailing Address

**C/O ROBERT L. FELDMAN  
3081 SALZEDO STREET, 2ND FLOOR  
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified

**01/28/1987**

3a. Date of Last Report

**05/01/1995**

4. FEI Number

**59-2775084**

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 c/o R.L. Feldman Mailing Address c/o R.L. Feldman

21 **300 Sevilla Ave.**

26 **300 Sevilla Ave.**

22 **Suite 305**

27 **Suite 305**

City & State

City & State

23 **Coral Gables, FL**

28 **Coral Gables, FL**

Zip **33134**

Country

Zip **33134**

Country

9. Name and Address of Current Registered Agent

**FELDMAN, ROBERT L.  
3081 SALZEDO STREET  
2ND FLOOR  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81 Name

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

**300 Sevilla Avenue**

83

**Suite 305**

84 City

**Coral Gables**

**FL**

85 Zip Code

**33134**

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 607.0503, Florida Statutes.

SIGNATURE

*Robert L. Feldman*

Signature, typed or printed name of registered agent and his or her address

(NOTE: Registered Agent's signature is required on registration statement.)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE

NAME **BASALONE, PATRICIA LYNCH**

STREET ADDRESS **4481 N.W. 19TH AVE**

CITY-ST-ZIP **OAKLAND PARK FL**

TITLE **V** ☐ DELETE

NAME **BASALONE, DANIEL**

STREET ADDRESS **4481 NW 19TH AVE**

CITY-ST-ZIP **OAKLAND PARK FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**Asst. Secretary** ☐ Change ☒ Addition

**Robert L. Feldman**

**300 Sevilla Avenue, Suite 305**

**Coral Gables, FL 33134** ☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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: *Robert L. Feldman* Robert L. Feldman  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/96

305-443-0732

CR2E034 (12/95)