

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

FILED  
May 01 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 # **M45598** (3)

1. Corporation Name  
**LYNCH'S SIGN STUDIO, INC.**

Principal Place of Business <b>300 SEVILLA AVE C/O RL FELDMAN SUITE 305 CORAL GABLES FL 33134 US</b>	Mailing Address <b>300 SEVILLA AVE C/O R.L. FELDMAN SUITE 305 CORAL GABLES FL 33134-6624 US</b>
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3. Date Incorporated or Qualified <b>01/28/1987</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-2775084</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent  
**FELDMAN, ROBERT L.  
300 SEVILLA AVE SUITE 305  
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)
83
84 City
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 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	PTD <input type="checkbox"/> DELETE	1.1 TITLE	PTSD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BASALONE, PATRICIA LYNCH</b>	1.2 NAME	<b>BASALONE, PATRICIA LYNCH</b>
STREET ADDRESS	<b>4481 N.W. 19TH AVE</b>	1.3 STREET ADDRESS	<b>4481 N.W. 19TH AVENUE</b>
CITY-ST-ZIP	<b>OAKLAND PARK FL</b>	1.4 CITY-ST-ZIP	<b>OAKLAND PARK, FL</b>
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BASALONE, DANIEL</b>	2.2 NAME	
STREET ADDRESS	<b>4481 NW 19TH AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OAKLAND PARK FL</b>	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	A/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FELMAN, ROBERT L.</b>	3.2 NAME	<b>FELDMAN, ROBERT L.</b>
STREET ADDRESS	<b>300 SEVILLA AVE SUIT 305</b>	3.3 STREET ADDRESS	<b>300 Sevilla Ave., Suite 305</b>
CITY-ST-ZIP	<b>CORL GABLES FL</b>	3.4 CITY-ST-ZIP	<b>Coral Gables, FL</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE:

*Patricia Basalone*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Patricia Lynch Basalone** 4/25/97 954-776-6566

Date

Daytime Phone

01027( )

CR2E034 (9/96)