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**PROFIT** CORPORATION **ANNUAL REPORT** 

1999

1. Corporation Name

DOCUMENT # M91052



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90017 004 \*\*\*150.00

J-LYN EN	NTERPRISES, INC.							<b>           </b>     <b>         </b>						
Principal P ace	e of Business		Mailing Address					(   0014011	110 10101 11011 <del>2</del> 0101 1			1811 919	31 4181) 1801	
% LYNNETTE L	HUDSPETH	9	6 LYNNETTE L. HUDSPE	TH										
2351 WESTWOOD DR.			2351 WESTWOOD DR.					DO NOT WE	ITE IN THE	IS SDACE				
LONGWOOD FL 32779		L	LONGWOOD FL 32779			-	DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed							
								07/18/198	_	•				
2. Principa i Pi	lace of Business		a. Mailing Address				-	4. FEI Number	····			Appl	ied For	
		26	26					59-2914431				Not .	Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired			\$8.75 Additional Fee Required				
22		27	27									:		
City & Etate			City & State					6. Election Campaign Financing Trust Fund Contribution				\$5.00 May Be Added to Fees		
23	Country	28			untry					mant vacar l		lea to	rees	
Zip	Country		Zip ∃	30	unin y			Personal Pro	tion owes the cui	rem year i	∏ Yes	-	⊒No	
24	9. Name and Address	of Current Red		[30]	T				Address of New	Registere				
	5. Isame and Address	or content reg	notored rigeni		81	Name		<u> </u>						
HUD	SPETH, LYNNETTE L.					<u> </u>		(0.0.0	f. bl 6	4-61-8				
2351	WESTWOOD DR.				82	Street A	Address	(P.O. Box Num	ber is Not Accep	(able)				
LONG	GWOOD FL 32779	•			83									
											los!	Zip Co	-do	
					84	City				F	L  85  1	Zip Ct	,ue	
11. Pursuant	to the provisions of Section	s 607.0502 and	607.1508, Florida Stati	utes, the	above	e-named c	corporat	tion submits this	statement for the	e purpose	of changin	g its re	egistered stered	
office or s	egistered agent, or both, in m familiar with, and a coept	the State of Flo the obligations of	vida. Such change was of, Section 607.0505, F	authorize Iorida Sta	ed by tutes.	the corpor	ration's	board of directo	statement for the	purpose opt the app	of changing ointment a	gitsre sreçi	egistered stered	
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14. I heretly certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(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, with all other like empowered.

SIGNATURE: