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 # **M93060** **(5)**

1. Corporation Name

M. LYNN & CO.

Principal Place of Business

C/O SAUL EISEMAN
1801 MAIN STREET
SARASOTA FL 34236

Mailing Address

C/O SAUL EISEMAN
1801 MAIN STREET
SARASOTA FL 34236

3. Date Incorporated or Qualified: **08/08/1988**

3a. Date of Last Report: **04/12/1995**

4. FEI Number: **65-0307565** [ ] 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

21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

EISMAN, SAUL
1801 MAIN STREET
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Numbers Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1505, 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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	[ ] DELETE
NAME	SANDERS, MICHAEL	
STREET ADDRESS	1801 MAIN ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DTS	[ ] DELETE
NAME	EISEMAN, SAUL	
STREET ADDRESS	1801 MAIN ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	[X] DELETE
NAME	BARRETT, LINDA	
STREET ADDRESS	1801 MAIN ST	
CITY-ST-ZIP	SARASOTA 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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

71 TITLE		[ ] Change [ ] Addition
72 NAME		
73 STREET ADDRESS		
74 CITY-ST-ZIP		
75 TITLE		[ ] Change [ ] Addition
76 NAME		
77 STREET ADDRESS		
78 CITY-ST-ZIP		
79 TITLE		[ ] Change [ ] Addition
80 NAME		
81 STREET ADDRESS		
82 CITY-ST-ZIP		
83 TITLE		[ ] Change [ ] Addition
84 NAME		
85 STREET ADDRESS		
86 CITY-ST-ZIP		
87 TITLE		[ ] Change [ ] Addition
88 NAME		
89 STREET ADDRESS		
90 CITY-ST-ZIP		
91 TITLE		[ ] Change [ ] Addition
92 NAME		
93 STREET ADDRESS		
94 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental 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 added, above or on an attachment with an adjective.

SIGNATURE: _____ DATE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Document #

CR2E034 (12/95)