FILED

Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90005 004 ***150.00

- - -

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P05626

LYNRO FLORIDA, INC.

Principal Place	of Business	Mailing Address			1 (35)124 (7) 3111 (1) 3112		•
2800 MARQUIS ONE TOWER 245 PEACHTREE CENTER AVE., N.E. 245 PEACHTREE CENTER AVE., ATLANTA GA 30303 2800 MARQUIS ONE TOWER 245 PEACHTREE CENTER AVE., ATLANTA GA 30303					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed OA 100 1400E		
		A Adams Address			04/09/1985 4. FEI Number	Applied For	
⊢ '	lace of Business	2a. Mailing Address			13-3252117.	Not Applicab	ole
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				\$8.75 Additional	_
22		27			5. Certificate of Status Desired	Fee Required	
City & State	8	City & State			6. Election Campaign Financing	\$5.00 May Be	į
23		28	Caus	ten (Trust Fund Contribution	Added to Fees	_
Zip	Country 25	Zip 29	Coun	uy	This corporation owes the current year Intal Personal Property Tax.	ngibie ∏Yes □No	
24	9. Name and Address of Curren				10. Name and Address of New Registered A	gent	
_				B1 Name			
CORPORATION SERVICE COMPANY				32 Street Addr	ess (P.O. Box Number is Not Acceptable)	-	\neg
	HAYS STREET				· · · · · · · · · · · · · · · · · · ·		-
IALL	AHASSEE FL 32301-2525			83			
				B4 City	FL	85 Zip Code	
l office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change wa	is authorized	ov tne comoratio	oration submits this statement for the purpose of con's board of directors. I hereby accept the appoint	hanging its registered ment as registered	t
SIGNATURE					d when reinstation) DATE		(
12.	Signature, typed or printed name of registered age	nt and title if applicable. (N ID DIRECTORS	13.	gent signature require	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
TITLE	PSD	DELETE		E		☐ Change ☐ Addi	
NAME	ROULEAU, ROBERT T.		1.2 NAM	Æ			
STREET ADDRESS	5500 ROYALMOUNT AVE #200)	1.3 STR	EET ADDRESS			
CITY-ST-ZIP	VILLE MT ROYAL QUEBEC			22110011200			
TITLE			1400	/-ST-ZIP		Charge Dåddi	tion
		☐ DELETE	1.4 C/T 2.1 T/TL	(-ST-ZJP		☐ Change ☐ Addi	ition
NAME			1.4 CIT 2.1 TITL 2.2 NAM	(-ST-ZJP E ME	<u> </u>	☐ Change ☐ Addi	ition
STREET ADDRESS			1.4 C/T 2.1 T/T 2.2 NAM 2.3 STR	(-ST-ZIP E ME EET ADDRESS	<u> </u>	☐ Change ☐ Addi	ition
STREET ADDRESS			1 4 C/T 2.1 T/TI 2.2 NAM 2.3 STF 2.4 C/T	(-ST-ZJP E ME ME MEET ADDRESS Y-ST-ZIP		☐ Change ☐ Addi	
STREET ADDRESS		☐ DELETE	1.4 C/T/ 2.1 T/T/ 2.2 NAM 2.3 STR 2.4 C/T/	(-ST-ZIP E ME ME ME METADDRESS Y-ST-ZIP E			
STREET ADDRESS CITY-ST-ZIP		☐ DELETE	1.4 C/T 2.1 TITU 2.2 NAM 2.3 STF 2.4 C/T 3.1 TITU 3.2 NAM	(-ST-ZIP E ME ME ME METADDRESS Y-ST-ZIP E			
STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	2.1 TITL 2.2 NAA 2.3 STF 2.4 CIT 3.1 TITL 3.2 NAA 3.3 STF 3.4 CIT	(-ST-ZIP E ME LEET ADDRESS Y-ST-ZIP E AE LEET ADDRESS Y-ST-ZIP		☐ Change ☐ Addi	ition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ DELETE	14 CIT 22 NAM 23 STF 2.4 CIT 3.1 TITL 32 NAM 33 STF 34. CIT 4.1 TITL	(-ST-ZIP E ME EEET ADDRESS Y-ST-ZIP E ME EEET ADDRESS Y-ST-ZIP E F EEET ADDRESS Y-ST-ZIP E			ition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	14 CIT 2.1 TITI 2.2 NAM 2.3 STF 2.4 CITI 3.1 TITI 3.2 NAM 3.3 STF 3.4 CIT 4.1 TITI 4.2 NAM 4.2	(-ST-ZIP E AE EEET ADDRESS Y-ST-ZIP E AE EEET ADDRESS Y-ST-ZIP E EEET ADDRESS Y-ST-ZIP E ME		☐ Change ☐ Addi	ition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	14 CITY 2.1 TITI 2.2 NAM 2.3 STF 2.4 CITY 3.1 TITI 3.2 NAM 3.3 STF 3.4 CITY 4.1 TITI 4.2 NAM 4.3 STF	(-ST-ZIP E AE EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP EET ADDRESS HEET ADDRESS HEET ADDRESS		☐ Change ☐ Addi	ition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	14 CIT 22 NAM 23 STF 2.4 CIT 3.1 TITL 32 NAM 33 STF 34. CIT 4.1 TITL 4.2 NAM 4.3 STF 4.4 CIT 4.4 CIT 4.4 CIT 4.4 CIT 5.4 CIT 5	(-ST-ZIP E ALE EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E ME ME ME ME ME ME ME ME ME		☐ Change ☐ Addi	ition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	14 CIT 22 NAM 23 STF 2.4 CIT 3.1 TITL 32 NAM 33 STF 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STF 4.4 CIT 4.4 CIT 4.4 CIT 4.4 CIT 4.4 CIT 5.5 CIT 5	(-ST-ZIP E ALE LEET ADDRESS Y-ST-ZIP E ALE LEET ADDRESS Y-ST-ZIP E ME LEET ADDRESS /-ST-ZIP E LEET ADDRESS /-ST-ZIP E		☐ Change ☐ Addi	ition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE THE TADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS TREET ADDRESS		☐ DELETE	14 CIT 22 NAM 23 STF 2.4 CIT 3.1 TITL 32 NAM 33 STF 34. CIT 4.1 TITL 4.2 NAM 4.3 STF 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STF 5.3 STF	(-ST-ZIP E ALE EET ADDRESS Y-ST-ZIP E ALE EET ADDRESS Y-ST-ZIP E ME EET ADDRESS Y-ST-ZIP E EET ADDRESS Y-ST-ZIP E EET ADDRESS HE EET ADDRESS		☐ Change ☐ Addi	ition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	14 CIT 22 NAM 23 STF 2.4 CIT 3.1 TITL 32 NAM 33 STF 34. CIT 4.2 NAM 4.3 STF 4.4 CIT 5.1 TITL 52 NAM 53 STF 5.4 CIT 5.4 CIT 5.4 CIT 5.5	(-ST-ZIP E ALE LEET ADDRESS Y-ST-ZIP E ALE LEET ADDRESS Y-ST-ZIP E ME LEET ADDRESS /-ST-ZIP LEET ADDRESS /-ST-ZIP LEET ADDRESS Y-ST-ZIP LEET ADDRESS Y-ST-ZIP		☐ Change ☐ Addi	ition

14. I 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachment with an address, with all other like empowered.

63 STREET ADDRESS

SIGNATURES

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR