

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION**  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P92000003978 (3)**

1. Corporation Name  
**CHERYL LYNN INC.**

Principal Place of Business

**101 N. OCEAN DR.  
#119  
HOLLYWOOD FL 33019**

Mailing Address

**101 N. OCEAN DR.  
#119  
HOLLYWOOD FL 33019**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Organized

**11/12/1992**

3a. Date of Last Report

**04/19/1994**

4. FEI Number

**65-0370191**

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

9. Name and Address of Current Registered Agent

**SINGLEY, ARTHUR B III  
101 N. OCEAN DR.  
#119  
HOLLYWOOD FL 33019**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0612 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 607.0603, Florida Statutes.

SIGNATURE

Signature of Corporation (to be signed by President or Secretary)

Signature of Registered Agent (to be signed by Registered Agent)

DATE

12. OFFICERS AND DIRECTORS

TITLE

DP

NAME: **SINGLEY, CHERYL L**  
STREET ADDRESS: **101 N. OCEAN DR., #119**  
CITY- ST- ZIP: **HOLLYWOOD FL 33019**

TITLE

DVST

NAME: **SINGLEY, ARTHUR B III**  
STREET ADDRESS: **101 N. OCEAN DR., #119**  
CITY- ST- ZIP: **HOLLYWOOD FL 33019**

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

**400001845544**  
**-05/31/96--01021--025**  
**\*\*\*225.00**

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 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, 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 corrected in agreement with an officer.

SIGNATURE:

*Arthur B. Singley III*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/19/96 284-925-022*  
DATE

DUPLICATE