

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P93000008339 (2)**

1. Corporation Name

LYNKI CORPORATION

Principal Place of Business

**10869 LEINTER CREEK DR
BONITA SPGS FL 33923
US**

Mailing Address

**%ACCOUNTING & BUSINESS CONSULTANTS, INC.
790 E BROWARD BLVD., SUITE 302
FT LAUDERDALE FL 33301**



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Zip

Country

Country

24

29

9. Name and Address of Current Registered Agent

**KIENDL, ARTHUR
10869 LEINTER CREEK DRIVE
BONITA SPRINGS FL**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

02/02/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0385624

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. 190.032,
Florida Statutes

☒ Yes

☐ No

10. Name and Address of New Registered Agent

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

Date

12. OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

**KIENDL, ARTHUR
10869 LEINTER CREEK DRIVE
BONITA SPRINGS FL 33923**

STREET ADDRESS

CITY, ST, ZIP

TITLE

D

☐ DELETE

NAME

**LYNCH, PATRICIA
10869 LEINTER CREEK DRIVE
BONITA SPRINGS FL 33923**

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

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 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 addendum filed with an address.

SIGNATURE:

ARTHUR H. KIENDL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICIA LYNCH

CR2E034 (12/95)