

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000021358 (5)

1. Corporation Name  
LYNAL CORPORATION



Principal Place of Business  
6927 W BROWARD BLVD  
PLANTATION FL 33317

Mailing Address  
6927 W BROWARD BLVD  
PLANTATION FL 33317

3. Date Incorporated or Qualified  
03/22/1993

3a. Date of Last Report  
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CASTLES, DONALD E  
524 S ANDREWS AVE  
SUITE 102-N  
FT LAUDERDALE FL 33301

81 Name JOHN C. NOYES, EA  
82 Street Address (P.O. Box Number is Not Acceptable)  
6901 W BROWARD BLVD 206  
83  
84 City PLANTATION FL 85 Zip Code 33317

11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.

SIGNATURE

JOHN C. NOYES, EA JOHN C. NOYES, EA

4-9-96  
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	SCHREIBER, FLORENCE	9026 VINEYARD LAKE DR.	PLANTATION FL	<input type="checkbox"/>
D	MUSE, CONNIE L	10610 NW 27TH CT	SUNRISE FL 33322	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	5. CHANGE	6. ADDITION
		7516 S.W. 28 ST	DAVIE, FL 33314	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		7516 S.W. 28 ST	DAVIE, FL 33314	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)(4), 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.

SIGNATURE: CONNIE L. MUSE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96 305-583-2422  
Daytime Phone #

CR2E034 (12/95)