## AND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT # P93000021358 (5)

LYNAL CORPORATION

APPROVED AND FILED

97 AUG -4 AM 7:58

SECRETARY OF STATE TALLAHASSEE, FLORIDA



| Dringing Class  | of Duringer   | Mailing Address                            |                                     |   |                                 |  |
|---|---|--|-------------------------------------|---|---------------------------------|--|
| Principal Place of Business Mailing Address   |   |  |                                     |   |                                 |  |
| 6927 W BROWARD BLVD 6927 W BROWARD BLVD PLANTATION FL 33317 PLANTATION FL 33317   |   |  |                                     |   |                                 |  |
| PERMITTION FE 50517   |   |  |                                     | DO NOT WRITE                                  | DO NOT WRITE IN THIS SPACE      |  |
|   |   |  |                                     | 3. Date incorporated or Qualified             | 3a. Date of Last Report         |  |
|   |   |  |                                     | 03/22/1993                                    | 04/15/1996                      |  |
| 2. Principal Pl   | ace of Business   | 2a. Mailing Address                        |                                     | 4. FEI Number                                 | Applied For                     |  |
| 21 69/  | O CUPRESS ROAD  | 26 7516 56 3                               | 28 # st                             | 65-0394095                                    | Not Applicable                  |  |
| Sulte, Apt.   |   | Suite, Apt. #, etc.                        |                                     | 5. Certificate of Status Desired              | \$8.75 Additional               |  |
| 22  |   | 27   |                                     | <b>b.</b> Certificate of Status Desired       | Fee Required                    |  |
| City & State  |   | City & State                               |                                     | 8. Election Campaign Financing                | \$5.00 May Be                   |  |
|   | NTATION FL  | 28 DAVIE                                   | <u> </u>                            | Trust Fund Contribution                       | Added to Fees                   |  |
| Zip   | Country   | - Zip 32314 -                              | BROWARD                             | 8. This corporation owes or has pai           |                                 |  |
| 24 <i>3</i> 33  |   | 29 <b>D</b> 3377 30                        | DROW HE                             |   |                                 |  |
| 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent NOVES JOHN C. 81 Name 4  |   |  |                                     |   |                                 |  |
| MOTE, WILL OF THE STATE OF THE |   |  |                                     |   |                                 |  |
| 82 Street Address (P.)  |   |  |                                     | Address (P.O. Box Number is Not Acceptab      | Θ)                              |  |
| SUITE 102-N   |   |  |                                     |   |                                 |  |
| PU  | NIATION FL 33317  |  | 63                                  |   |                                 |  |
|   |   |  | 84 City                             | LANTATION FL                                  | FL 85 Zip Code 333/>            |  |
| 11. Pursuant to the provisions of Soctions 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.   |   |  |                                     |   |                                 |  |
| agent. I a  | agistered agent, or both, in the State of <b>familiar with, and accept the obligati</b> | ions of, Section 607 <b>()</b> 505, Floric | norized by the corp<br>la Statutes. | poration's board of directors, I hereby accep | t the appointment as registered |  |
| SIGNATURE JOHN C. NOYES - ale Muyer 7-15-97   |   |  |                                     |   |                                 |  |
| Signature, tyled or printed name of registered agent and title if applicable (NOTE: Registered Agent signatury required when reinstaking) DATE  |   |  |                                     |   |                                 |  |
| 12.   | OFFICERS AND  |  | 13.                                 | ADDITIONS/CHANGES TO OFFIC                    |                                 |  |
| THTLE   | SCHREIBER, FLORENCE   | ☐ DELFTE                                   | 1.1 TITLE                           |   | Change                          |  |
| NAME  | 7516 SW 28 ST   |  | 1.2 NAME                            |   | į.                              |  |
| STREET ADDRESS  | DAVID FL  |  | 1.3 STREET ADDRESS                  | St. A   |                                 |  |
| CITY-ST-ZIP   | D   | DELETE                                     | 1.4 CITY - ST - ZIP                 | DAVIE FL                                      | Date of the second              |  |
| TITLE   | MUSE, CONNIE L  | U DEEE IE                                  | 2.1 TOTLE                           |   | Change                          |  |
| NAME  | 7516 SW 28 ST   |  | 2.2 NAME                            | •   |                                 |  |
| STREET ADDRESS  | DAVID FL  |  | 2.3 STREET ADDRESS                  | DAVIE FL                                      |                                 |  |
| CITY-ST-ZIP   | DATIDIE   | DELETE                                     | 2.4 CITY - ST - ZiP                 | UNIC FL                                       | Change   Laddition              |  |
| TITLE   |   | ₩ VELCIE                                   | 3.1 TITLE &                         |   | ☐ Change ☐ Addition             |  |
| NAME )  |   |  | 3.2 NAME                            |   | ł                               |  |
| STREET ADDRESS  |   |  | 3 3 STREET ADDRESS                  |   |                                 |  |
| CITY-ST-ZIP<br>TITLE  |   | DELETE                                     | 3.4. CITY-ST-ZIP<br>4.1 TITLE       |   | Change Addition                 |  |
| NAME .  |   | _ vittit                                   |                                     | 2000022                                       |                                 |  |
| STREET ADDRESS  |   |  | 4. 2 NAME                           | -กลั/กิลกี                                    | 618920  <br>3701099025          |  |
| • 1   |   |  | 4.3 STREET ADDRESS                  | ****16  | 5.00 ****165.00                 |  |
| CITY-ST-ZIP*  |   | DELETE                                     | 4.4 CITY-ST-ZIP<br>5.1 TITLE        |   | Change Addition                 |  |
| NAME 1  |   |  | 5.2 NAME                            |   | ET CHANGE ET MOUTION            |  |
| STREET ADDRESS  |   |  |                                     |   | 1                               |  |
| · I   |   |  | 5.3 STREET ADDRESS                  | 1   |                                 |  |
| CITY-ST-ZIP<br>TITLE  |   | DELETE                                     | 5.4 CITY - ST - ZIP<br>6.1 TITLE    | ~ M 4\mathred \( \frac{1}{2} \)               | Change Addition                 |  |
| NAME  |   | La Decere                                  |                                     | 16. 0/.                                       | C Originals C Madition          |  |
| STREET ADORESS  |   |  | 6.2 NAME                            | Ψ''   |                                 |  |
| · (   |   |  | 6.3 STREET ADDRESS                  |   | 1                               |  |
| CITY-ST-ZIP   |   | 24 11 7 70 2 2                             | 6.4 CITY-ST-ZIP                     |   |                                 |  |

I do 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 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.

NOYES & COMPANY, INC. JOHN C. NOYES, ENROLLED AGENT. 801 NW 67TH AVE PLANTATION, FLORIDA 33317

PHONE: (954) 581-6597 FAX: (954) 581-6597

July 16, 1997

Lynal Corp Re: 65-0394095

Corporation Annual Report

SECRETARY OF STATE DIVISION OF CORPORATIONS 409 W GAINES ST TALLAHASSEE, FL 32399

Dear Secretary of State:

My client, Lynal Corp, did not receive the 1st Notice of the Corporation Annual Report for 1997.

This may have been due to a change of address (due to the forced move after the fire disaster of Sept 6, 1996 at the Plantation Towne Mall). A forwarding order was in effect after that date.

The 2nd notice was delivered however. That has caused my client's request for this letter of response. Would you kindly waive the late charge because of the above described circumstances?

Enclosed, please find my client's check for \$165.00, along with the completed 1997 Corporation Annual Report.

Thank you,

John C. Noyes, EA, President

oh Moyu, SA

Noyes & Company, Inc.