FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000076039 (5)**

1. Corporation Name

LYNCH COMPUTER TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
15660 SW 152 PLACE MIAMI FL 33187	15660 SW 152 PLACE MIAMI FL 33187

3. Date Incorporated or Qualified: **11/03/1993**
3a. Date of Last Report: **05/25/1995**

2. Principal Place of Business
21 16155 SW 117 Ave.
Suite, Apt. #, etc.
22 B-3
City & State
23 Miami, Fla.
Zip 24 33177 Country 25 Dade

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 33177 Country 30 Dade

4. FEI Number: **65-0446728** ☐ 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

LYNCH, BEVANCE
15660 S.W. 152 PLACE
MIAMI FL 33187

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 Section(s) 617.0502 and 607.1505, 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 617.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1 TITLE: Vice President	☐ Change ☒ Addition
NAME	LYNCH, BEVANCE		1 NAME: Kendall, Nicole S.	
STREET ADDRESS	15660 S.W. 152 PLACE		1 STREET ADDRESS: 16155 SW 117 Ave, B-3	
CITY-ST-ZIP	MIAMI FL 33187		1 CITY-ST-ZIP: Miami Fl. 33177	
TITLE	S	☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME	LYNCH, DOREEN		2 NAME	
STREET ADDRESS	15660 S.W. 152 PLACE		2 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33187		2 CITY-ST-ZIP	
TITLE		☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME			3 NAME	
STREET ADDRESS			3 STREET ADDRESS	
CITY-ST-ZIP			3 CITY-ST-ZIP	
TITLE		☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME			4 NAME	
STREET ADDRESS			4 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true and accurate; that my electronic 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 added above.

SIGNATURE: Bevance Lynch **BEVANCE LYNCH** 4/3/96 305 256-7477
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)