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May 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **P93000077419 (8)**

1. Corporation Name
LYN-TON 7, INC.

Principal Place of Business	Mailing Address
200 MAITLAND AVENUE ~~#175~~ ALTAMONTE SPRINGS FL 32750 US	P.O. BOX 940246 MAITLAND FL 32794 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/04/1993

2. Principal Place of Business
21: 515 VIRGINIA AVE.
22: Suite, Apt. #, etc.
23: City & State: WINTER PARK, FL
24: Zip: 32789
25: Country: USA

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

4. FEI Number: 59-3245877 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LYNCH, WILLIAM M III
~~200 N. MAITLAND AVE.~~
~~UNIT 175~~
~~ALTAMONTE SPRINGS FL 32750~~
515 VIRGINIA AVE.
WINTER PARK, FL
32789

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 515 VIRGINIA AVE.,
83
84 City: WINTER PARK FL 85 Zip Code: 32789

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: WILLIAM M. LYNCH III, PRES. — (NOTE: Registered Agent's signature required when reinstating) — DATE: 4/25/98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	LYNCH III, WILLIAM M.		1.2 NAME	LYNCH III, WILLIAM M. (N/A)	
STREET ADDRESS	P.O. BOX ~~940246~~ 940246 (N/A)		1.3 STREET ADDRESS	P.O. Box 940246 (N/A)	
CITY-ST-ZIP	~~MAITLAND FL~~ MAITLAND, FL 32794		1.4 CITY-ST-ZIP	MAITLAND, FL 32794	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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 added in an attachment with an address.

SIGNATURE: [signature] — 4/25/98 — (407)834-4802

CR2E034 (10/97)