FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
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
200 MAITLAND AVENUE
~~#175~~
ALTAMONTE SPRINGS FL 32750
US

Mailing Address
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.
Suite, Apt. #, etc.
22
City & State
23 WINTER PARK, FL
Zip 24 32789 Country 25 USA

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

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. — Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent's signature is required when resigning) — DATE 4/25/98

12. OFFICERS AND DIRECTORS

TITLE	P ☐ DELETE
NAME	LYNCH III, WILLIAM M.
STREET ADDRESS	P.O. BOX ~~940246~~ 940246 (N/A)
CITY-ST-ZIP	~~MAITLAND FL~~ MAITLAND, FL 32794
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P ☑ Change ☐ Addition
1.2 NAME	LYNCH III, WILLIAM M.
1.3 STREET ADDRESS	P.O. BOX 940246 (N/A)
1.4 CITY-ST-ZIP	MAITLAND, FL 32794
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 in an attachment with an address.

SIGNATURE: 4/25/98 (407)830-4802

CR2E034 (10/97)