

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -7 PM 12:01

DOCUMENT # P94000004964 (0)

1. Corporation Name

LYNSU INDUSTRIES, INC.

Principal Place of Business

**11827 W SAMPLE RD
CORAL SPRINGS FL 33065**

Mailing Address

**11827 W SAMPLE RD
CORAL SPRINGS FL 33065**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/21/1994

3a. Date of Last Report

2. Principal Place of Business

21 11901 W. Sample Rd

2a. Mailing Address

26 same

4. FEI Number

65-0462322

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

City & State

23 Coral Springs FL

City & State

28

Zip

24 33065

Country

25 USA

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**BELSON, STEVEN A ESQ
400 AUSTRALIAN AVE S
SUITE 500
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name

SUSAN LAPIDUS

82 Street Address (P.O. Box Number is Not Acceptable)

320 TORCHWOOD AVE.

83

84 City

PLANTATION

FL

85 Zip Code

33324

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 **Susan Lapidus**

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when consenting)

DATE

3/23/95

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	SUSAN LAPIDUS	
1.3 STREET ADDRESS	320 TORCHWOOD AVE	
1.4 CITY - ST - ZIP	PLANTATION FL 33324	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	LINDA DICKENS	
2.3 STREET ADDRESS	4733 NW 96 DR	
2.4 CITY - ST - ZIP	CORAL SPRINGS FL 33065	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	THOMAS DUBAY	
3.3 STREET ADDRESS	5851 HOLMBERG RD	
3.4 CITY - ST - ZIP	PARKLAND FL 33067	
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 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)(b), 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:

Susan Lapidus

3/23/95

305-755-2311

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #