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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P9400006978**1. Corporation Name

Principal Place of Business

LYNN GARDNER, INC.

101 DIXIE BLVD DELRAY BEACH FL 33444			101 DIXIE BLVD DELRAY BEACH FL 33444				DO NOT WE	TC 161 TUIC	CDACE		
							DO NOT WRI 3. Date Incorporated or Qualifed	TE IN THIS	SPACE		
							01/18/1994				
2. Principal P	lace of Business	2a.	2a. Mailing Address				4. FEI Number			App	lied For
21			26				65-0462086			Not	Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.	75 A	ditional
22			27				5. Certificate of Status Desired		Fe	e Rec	uired
City & State			City & State				6. Election Campaign Financing		\$5	.00 N	May Be
23			28				Trust Fund Contribution		Ad	ded to	Fees
Zip	Country Zip			Cou	ntry		8. This corporation owes the curr	ent year Inta	ingible		1
24	25 29 30					Personal Property Tax. ☐ Yes 🗓 No					
	9. Name and Address of Curre	nt Regis	tered Agent				10. Name and Address of New I	Registered A	Agent		
					81	Name					
GARDNER, LYNN					82	Street Addr	ress (P.O. Box Number is Not Accepta	able)			
1008 E ATLANTIC AVE			52 30			i Ciroti Addin					
DELI	RAY BEACH FL 33483				83						
					84	0:1.			85	Zip C	
					04	City		FL	03	Zip Ci	ode
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.											egistered stered
SIGNATURE			- 					DATE			
12.	Signature, typed or printed name of registered age			13.	Ageni	: signature reduired	d when reinstating) ADDITIONS/CHANGES TO OF		D DIRE	CTOF	RS IN 12
TITLE			1.1 TB	1F		ABBITION OF THE COLOR	7.104.107.11	Cha		Addition	
NAME	GARDNER, LYNN			1.2 NAME		ļ			_	•	
	101 DIXIE BLVD					ADORESS					
STREET ADDRESS	DELRAY BEACH FL 33444										
CITY-ST-ZIP	DELIVAT BEACH FL 33444		☐ DELETE	1.4 CF 2.1 TF		-219			□ Cha	nae	Addition
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NAME				•							
STREET ADDRESS						ADDRESS					•
CITY-ST-ZIP				2. 4 CI 3.1 TII		r-zip			∏ Cha	ınge	☐ Addition
TITLE			☐ DELETE						v.,		
NAME				3.2 NA							
STREET ADDRESS	<i>,</i>			J		ADDRESS					
CITY-ST-ZIP			□ DELETE	3.4. CI		r-ZIP			[] Cha	inne .	Addition
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NAME				4. 2 N							
STREET ADDRESS				1		ADDRESS					
CITY-ST-ZIP			S) DELETE	4.4 CI		i-ZIP			[] Cha	200	Addition
TITLÉ			☐ DELETE	5.1 TR					L] Ulli	n ige	□ Mudition
NAME .				5.2 NA							
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TITLE	# 1 T F3		☐ DELETE	6.1 TJ	ᄹ	1			Chi	nge	☐ Addition

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 on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90165 040 ***150.00