

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000027532 (8)
 1. Corporation Name
LYNNE ASSOCIATES, INC.



Principal Place of Business 800 N FEDERAL HIGHWAY, #280 BOCA RATON FL 33432 US	Mailing Address 800 N FEDERAL HWY #280 BOCA RATON FL 33432-2753 US
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3. Date Incorporated or Qualified 04/11/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0568179	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 S 22 1020 NW 6th St, Bldg H&I Deerfield Beach, FL 33442 23	2a. Mailing Address 26 Suite Apt # etc 27 1020 NW 6th St, Bldg H&I Deerfield Beach, FL 33442 28
Zip 24 Country 25	Zip 29 Country 30

9. Name and Address of Current Registered Agent COLANGELO, STEPHEN A 2424 N. FEDERAL HWY. SUITE 250 BOCA RATON FL 33431	10. Name and Address of New Registered Agent 81 Name STEPHEN M. GOODMAN 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 1020 NW 6th St, Bldg H&I Deerfield Beach, FL 33442 FL 85 Zip Code
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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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Stephen M. Goodman* **Stephen M. Goodman** **4/30/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	P	<input checked="" type="checkbox"/>
NAME	COLANGELO, VINCENT	
STREET ADDRESS	2424 N. FEDERAL HWY	
CITY-ST-ZIP	BOCCA RATON FL 33431	
TITLE	V	<input type="checkbox"/>
NAME	COLANGELO, STEPHEN A	
STREET ADDRESS	2424 N. FEDERAL HWY	
CITY-ST-ZIP	BOCCA RATON FL 33431	
TITLE	S	<input type="checkbox"/>
NAME	MANCUSOLO, JOY	
STREET ADDRESS	2424 N. FEDERAL HWY	
CITY-ST-ZIP	BOCCA RATON FL 33431	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		CHANGE	ADDITION
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	PD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS	1020 NW 6th St, Bldg H&I Deerfield Beach, FL 33442		
2.4 CITY-ST-ZIP			
3.1 TITLE	ST	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	JOY MANCUSOLO		
3.3 STREET ADDRESS	1020 NW 6th St, Bldg H&I Deerfield Beach, FL 33442		
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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.

SIGNATURE *Stephen M. Goodman* **4/30/97**

CR2E034 (9/96)