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

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 OCT 17 PM 12:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000027532 (8)

1. Corporation Name
Lynne Associates, Inc.

Principal Place of Business	Mailing Address
1020 NW 6TH ST, Bldg H&I Deerfield Beach, FL 33442	1020 NW 6TH ST, Bldg H&I Deerfield Beach, FL 33442

3. Date Incorporated or Qualified: 4/11/94
3a. Date of Last Report: 5/1/97

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 65-0568179 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. — 22 / 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State — 23 / 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip — 24 / 29; Country — 25 / 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

STEPHEN M. GOODMAN
1020 NW 6TH ST, Bldg H&I
Deerfield Beach, FL 33442

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/D	☒ DELETE	1.1 TITLE	P/D	☐ Change ☒ Addition
NAME	STEPHEN A. COLANGELO		1.2 NAME	DENISE BATTISTA	
STREET ADDRESS	1020 NW 6TH ST, Bldg H&I		1.3 STREET ADDRESS	1020 NW 6TH ST, Bldg H&I	
CITY-ST-ZIP	Deerfield Beach, FL 33442		1.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
TITLE	S/T	☒ DELETE	2.1 TITLE	S/T	☐ Change ☒ Addition
NAME	JOY MANCUSO		2.2 NAME	SHARLENE HAMMETT	
STREET ADDRESS	1020 NW 6TH ST, Bldg H&I		2.3 STREET ADDRESS	1020 NW 6TH ST, Bldg H&I	
CITY-ST-ZIP	Deerfield Beach, FL 33442		2.4 CITY-ST-ZIP	Deerfield Beach, FL 33442	
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	200002325272--7	
STREET ADDRESS			4.3 STREET ADDRESS	-10/21/97--01024--018	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	*****61.25 *****61.25	
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		

AD

CR2E034 (9/96)

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: _____ DENISE BATTISTA, PRES/DIR 10/15/97 810-984-2660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #