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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P95000010568 (0)

ALYNNI, INC.

Principal Place of Business	Mailing Address		
5434 W. SAMPLE R.D MARGATE FL 33063 US	% STEVE BRANSCUM 2865 N.W. 68TH LANE MARGATE FL 33063		
P. D. L. Constant			

FILED Jan 20 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address				
5434 W. SAMPLE R.D. % STEVE BRANSCUM						
MARGATE FL 33063		2865 N.W. 68TH LANE		DO AIOT W/DITE IN THE	0.004.00	
US		MARGATE FL 33083		DO NOT WRITE IN THI: 3. Date Incorporated or Qualified	S SPACE	
				02/08/1995		
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For	
21		26		65-0560394	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Additional	
		27		5. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	_ ' _ '	
24	25 Name and Address of Curre		90]	Personal Property Tax due June 30. 10. Name and Address of New Registere	∐ Yes ∐ No	
04 1						
	MARINELLL, JOHN V					
2201 N.E. 52ND ST.			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
SUITE 10			83	······································		
٠ ـ	IGHTHOUSE POINT FL 33064					
			84 City	F	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 agont and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE One of the printed name of registered agont and title if applicable (NOTE: Registered Agent signature required when reinstating)						
12.	 	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12	
TITLE	D	DELETE	1.1 TITLE	Nobilitation in Maca to attraction in	Change Addition	
NAME	BRANSCUM, STEVE		1.2 NAME		-	
STREET ADDRESS	2865 N.W. 68TH LANE		1.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL 33063		1.4 CITY - ST - ZIP			
TITLE	D	DELETE	2.1 TITLE		Change Addition	
NAME	BRANSCUM, LINDA		2.2 NAME			
STREET ADDRESS	2865 N.W. 68 TH LANE		2.3 STREET ADDRESS			
CITY-ST-ZIP	MARGATE FL 33063		2. 4 CITY-ST-ZIP			
TITLE		☐ DELET e	3.1 TATLE ¹		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP		The state	3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	4.4 CITY - ST - ZIP		Change Addition	
TITLE		ן טנונונ	5.1 TITLE		Change Addition	
NAME OXDECT ADDRESS			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	488	☐ DELETE	54 CITY-ST-ZIP 61 TITLE		☐ Change ☐ Addition	
TITLE		☐ DETEIE			CT change CT Montion	
NAME CTRCCT ADDOCCC	•		62 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			

14. Thereby 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.