SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT

1996

that my name appears in filect

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #	P95000053611 ((6)
1 Corporation Name		,

LYNNE MEREDITH INVESTMENTS, INC. Principal Place of Business Mailing Address 3100 S. OCEAN BLVD. 3100 S. OCEAN BLVD. #404 #404 N PALM BEACH FL 33480 N PALM BEACH FL 33480 3. Date Incorporated or Qualified 3a. Date of Last Report 07/06/1995 Applied For 4. FEI Number 59 - 33 75 36 1 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite. Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 \$5.00 May Be City & State City & State 6. Election Campaion Financing Added to Fees 28 Trust Fund Contribution 23 8. This corporation has liability for intangible tax under s 199.032 Country Zip Ζıρ Co.intry Yes No Florida Statules 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name ELKIND, MANUEL Street Address (P.O. Box Number is Not Acceptable) 82 3100 S. OCEAN BLVD. #404 83 N PALM BEACH FL 33480 Zip Code 85 84 City 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 (NOTE Progistered Agent signature required when reinstating) Signature, typed or printed name of rugistered agent and title 1 applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE ELKIND, MANUEL 1.2 NAME 3100 S. OCEAN BLVD. 13 STREET ADDRESS STREET ADDRESS NORTH BEACH FL 33482-ACH 14 CHY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2 3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE TITLE 31 TIFLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CiTY-S1-ZiP CITY - ST-ZIP Addition DELETE 4.1 TITLE TITLE 4 2 NAME NAME 4 3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DFLETE 5 1 THLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 6.4 City - ST - 7iP 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)(k). 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 other or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and the properties of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and

thanged, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(96/E)

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