

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000080968 (7)

1. Corporation Name

LYNDA'S CREATIVE JEWELRY, INC.



Principal Place of Business

329 WORTH AVE UNIT IV
PALM BEACH FL 33480

Mailing Address

329 WORTH AVE UNIT IV
PALM BEACH FL 33480

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/19/1995

3a. Date of Last Report

4. FLL Number

65-01617249

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

CRANE, ROBERT L
515 B FLAGLER DRIVE 18TH FLOOR
WEST PALM BEACH FL 33401

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 607.1509, 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 of Registered Agent or Director

Typed Name and Address of Registered Agent or Director

DATE

12. OFFICERS AND DIRECTORS

1. TITLE	D	☐ DELETE
NAME	DUNVILLE, LYNDA M	
STREET ADDRESS	329 WORTH AVE UNIT IV	
CITY, ST, ZIP	PALM BEACH FL 33480	
1. TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
1. TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
1. TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
1. TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
2. 1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
3. 1. TITLE	☐ Change ☐ Addition
3. NAME	
4. STREET ADDRESS	
5. CITY, ST, ZIP	
4. 1. TITLE	☐ Change ☐ Addition
4. NAME	
5. STREET ADDRESS	
6. CITY, ST, ZIP	
5. 1. TITLE	☐ Change ☐ Addition
5. NAME	
6. STREET ADDRESS	
7. CITY, ST, ZIP	
6. 1. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. 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 officer or director of the corporation or the receiver or trustee or person 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:

Lynda M Dunville
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LYNDA M DUNVILLE

407-820-9727
Telephone Number

CR2E034 (12/95)