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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000096296 (5)

LYNDAR, INC.

Mailing Address Principal Place of Business 147 BELCHER ROAD 147 BELCHER ROAD SUITE 1 SUITE 1 LARGO FL 33771 **LARGO FL 34641** 3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1996 2, Principal Place of Business 2a. Mailing Address Applied For 59-3355014 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, X Yes 🗌 No Florida Statutes 24 30 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name BUXTON, BRIAN P 147 BELCHER ROAD Street Address (P.O. Box Number is Not Acceptable) SUITE 1 В3 **LARGO FL 34641** 84 City Zip Code 33771 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: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. X Change DELETE 1.1 TITLE TITLE **BUXTON, BRIAN P** 1.2 NAME NAME 147 BELCHER ROAD, SUITE 1 1.3 STREET ADDRESS STREET ADDRESS **LARGO FL 34641** LARGO FL 33771 CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP \_\_\_ Addilion DELETE 3.1 TITLE Change TITLE 3.2 NAME NAME STREET ADDRESS 3 3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ■ DELETE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETÉ Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ennual 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 of

1.120107

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**FILED** Jun 12 1997 8:00am Secretary of State