
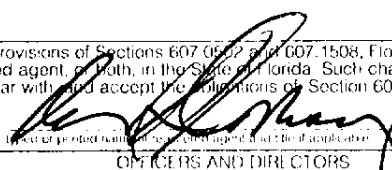
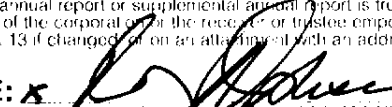


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

AMENDED

FILED
Jul 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Corporation Name Lyndar, Inc.			
Principal Place of Business 20063 Gulf Blvd. Indian Shores, FL 33785		Mailing Address 20063 Gulf Blvd. Indian Shores, FL 33785	
2. Principal Place of Business 21 20063 Gulf Blvd. Suite, Apt. #, etc. 22 City & State 23 Indian Shores, FL Zip Country 24 33785 25 USA		2a. Mailing Address 26 20063 Gulf Blvd. Suite, Apt. #, etc. 27 City & State 28 Indian Shores, FL Zip Country 29 33785 30 USA	
9. Name and Address of Current Registered Agent Brian P. Buxton 147 Belcher Rd. Largo, FL 33771		10. Name and Address of New Registered Agent 81 Name Robert H. Cooksey 82 Street Address (P.O. Box Number is Not Acceptable) 20063 Gulf Blvd. 83 84 City Indian Shores, FL 85 Zip Code 33785	
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, 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 provisions of Section 607.0505, Florida Statutes. SIGNATURE  Robert H. Cooksey 6-25-98 <small>(Signature of officer or principal named as registered agent is not required if applicable)</small> <small>(NOT: Registered Agent signature required when reinstating)</small> DATE			
12. OFFICERS AND DIRECTORS TITLE President <input checked="" type="checkbox"/> DELETE NAME Brian P. Buxton STREET ADDRESS 147 Belcher Rd. CITY-ST-ZIP Largo, FL 33771 <input type="checkbox"/> DELETE TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Robert H. Cooksey 1.3 STREET ADDRESS 20063 Gulf Blvd. 1.4 CITY-ST-ZIP Indian Shores, FL 33785 <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I 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:  Robert H. Cooksey 6-25-98 <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>			

CR2E034 (10/97)

813-593-7900