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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90197 004 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000038471

SIGNATURE:

LYNN STEVE, INC.

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Principal Place of Business		Mailing Address			·				
1130 PELICAN PLACE		1130 PELICAN PLACE							
SAFETY HARBOR FL 34695		SAFETY HARBOR FL 34695 US			DO NOT WRITE IN THIS SPACE				
US		US				3. Date Incorporated or Qualife	d		
						04/29/1996			
2 Principal Pl	lace of Business	2a. Mailing Address	-			4. FEI Number		-11	Applied For
—₁ ·	lace of Basillood	26				59-3377920		⊢	Not Applicable
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.			·			5 Additional	
22		27				5. Certificate of Status Desired		Fee	Required
City & State	e	City & State				6. Election Campaign Financing	 	\$5.0	0 May Be
23	·	28				Trust Fund Contribution	' []	•	ed to Fees
Zip	Country	Zip	Co	ountry		8. This corporation owes the cu	rrent year Int	angible	
24	25	29	30			Personal Property Tax.	•	Yes	□No
	9. Name and Address of Curre			Ţ		10. Name and Address of New	Registered	Agent	
				81	Name				
BISH	iop, robert c				01-144	desar (D.O. Desa Nivertee in Net Access	toblo\		
169	STATE STREET W SUITE A			82	Street Au	dress (P.O. Box Number is Not Accept	Mania)		
OLD	SMAR FL 34677			83					
				84	City		· FL	85 Z	ip Code
11 Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Florida	Statutes, the	above	-named co	rporation submits this statement for th	e numose of	changing	its registered
	to the biodisions of accions on inco	oz and con incoo, i londa	Cidiated, the	aboto		See July 1 and of allowaters. I homely a new	ant the concil	atmont as	, , ,
office or r	egistered agent, or both, in the State	e of Florida. Such change '	was authoriz	ed by t	the corpora	ition's board of directors. I hereby acc	ebi iile appoi	milicin as	s registered
office or r	registered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such change '	was authoriz 5, Florida St	ed by t	the corpora	ition's board of directors. I hereby acc	ept tile appoi	milen as	s registered
office or n agent. I a	m familiar with, and accept the oblig	e of Florida. Such change lations of, Section 607.050	5, Florida St	ed by t atutes.	the corpora	·			s registered
office or n agent. I a	m familiar with, and accept the oblig- Signature, typed or printed name of registered ag	e of Florida. Such change tations of, Section 607.050 ent and title if applicable.	(NOTE: Register	ed by t latutes.	the corpora	ired when reinstating)	DATE		
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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 op an attachment with an address, with attention like empowered.