

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

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90209 008 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000064993**

1. Corporation Name  
**LYNN LAKE DEVELOPMENT CORPORATION OF TAMPA**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
~~4350 W WATERS AVE #202 TAMPA FL 33614 US~~

Mailing Address  
~~4950 W WATERS AVE #202 TAMPA FL 33614 US~~

3. Date Incorporated or Qualified  
**08/02/1996**

4. FEI Number  
**59-3409781**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
**21 8019 N. Himes Av.**

2a. Mailing Address  
**26 8019 N. Himes Av.**

Suite, Apt. #, etc.  
**22 #101**

Suite, Apt. #, etc.  
**27 #101**

City & State  
**23 TAMPA FL**

City & State  
**28 TAMPA FL**

Zip Country  
**24 33614 25 US**

Zip Country  
**29 33614 30 US**

9. Name and Address of Current Registered Agent  
~~HO, RONALD Y  
 4350 W. WATERS AVE.  
 SUITE 202  
 TAMPA FL 33614~~

10. Name and Address of New Registered Agent  
**81 Name RONALD Y. HO**  
**82 Street Address (P.O. Box Number is Not Acceptable) 8019 N. HIMES AV. #101**  
**83**  
**84 City TAMPA FL 85 Zip Code 33614**

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 *Ronald Y. Ho* DATE 1/18/99

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HO, RONALD Y <b>8019 N. Himes Av. #101</b>	1.2 NAME	
STREET ADDRESS	<del>4350 WEST WATERS AVENUE #202</del> <b>TAMPA, FL 33614</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<del>TAMPA FL 33614</del>	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HO, SAMUEL C <b>8019 N. Himes Av. #101</b>	2.2 NAME	
STREET ADDRESS	<del>4350 WEST WATERS AVENUE #202</del> <b>TAMPA, FL 33614</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<del>TAMPA FL 33614</del>	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HO, LILLIAN F <b>8019 N. Himes Av. #101</b>	3.2 NAME	
STREET ADDRESS	<del>4350 WEST WATERS AVENUE #202</del> <b>TAMPA, FL 33614</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<del>TAMPA FL 33614</del>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Ronald Y. Ho* DATE: 1/18/99 DAYTIME PHONE #: 813-933-3439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE034 (1/198)