## 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 # P96000065945 (3)

JENI LYN, INC.

				····			
Principal Place of Business		Mailing Address					
22 OCEANSIDE CENTER POMPANO BEACH FL 33062		22 OCEANSIDE CENTER POMPANO BEACH FL 33062-5707					
					3. Date Incorporated or Qualified 08/05/1996	3a. Date of Las	t Report
2. Principa P	Place of Business	2a, Mailing Address 26			4. FEI Number 65-068566	57	Applied For Not Applicable
Suite Apt	#. etc	Suite, Apt #, etc.			5. Certificate of Status Desired		5 Additional Required
City & Stat	e .	City & State			Election Campaign Financing     Trust Fund Contribution		00 May Be ad to Fees
Ζιρ <b>24</b>	Country 25	Zip 29	Country 30	'	8. This corporation has liability for Florida Statutes	intangible tax unde	er s. 199.032,
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Re	egistered Agent	
ZUT	AUTAS, NIJOLE		81	Name		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
176	2 SE 21ST AVENUE MPANO BEACH FL 33062		82	Street Add	dress (P.O. Box Number is Not Acceptal	ble)	
]			83				
			84	City		FL [	ip Code
11. Parsuant office or i	to the provisions of Sections 607:05 reastered agent, or both, in the Stat	i02 and 607,1508, Florida Statu I⊯uf Florida, Such change was	ites, the above authorized by	e-named cor the corpora	rporation submits this statement for the pation's board of directors. I hereby acce	purpose of changing the properties of the appointment of the appointment of the properties of the purpose of the properties of the propert	g its registered as registered
agent Fa	an familiar will, and Jucefulhe obli	dations of, Section 607.0505. F	lorida Stalutes	وموساره ا	ation's board of directors. I hereby acce	2 27	17
0.0		TW 1117111 EV					
SIGNATURE	I IMOU DYMMUMI	NIJOLE			3 -PROSIDENT	661	7/
		gent and title if applicable (NO	TE: Registered Age		ulted when reinstating)	DATE CEDE AND DIRECT	7 /
12.		gent and title it applicable (NO ND DIRECTORS	TE: Registered Age		ulred when reinstating!  ADDITIONS/CHANGES TO OFFI	CERS AND DIRECT	
12.	OFFICERS AF	gent and title if applicable (NO	TE: Registered Age 13. 1.1 TITLE				
12. UTLE MAME	OFFICERS AT D ZUTAUTAS, NIJOLE	gent and title it applicable (NO ND DIRECTORS	TE: Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature requ		CERS AND DIRECT	***************************************
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14. Ho 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 chapted, or so an attachment with an address.

**FILED** 

Mar 06 1997 8:00am

Secretary of State