


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

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90009 050 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000085064

1. Corporation Name
CARLYNFORD, INC.



Principal Place of Business 253 MIRACLE MILE CORAL GABLES FL 33134	Mailing Address 253 MIRACLE MILE CORAL GABLES FL 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/15/1996		4. FEI Number 65-0722681		Applied For Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/>		\$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/>	
7. This corporation owes the current year intangible Personal Property Tax.		<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No		8. This corporation owes the current year intangible Personal Property Tax.		<input checked="" type="checkbox"/> Yes	

9. Name and Address of Current Registered Agent

LEGAL ASSETS, INC.
1401 BRICKELL AVENUE
SUITE 700
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name	MARTIN LYNCH
82 Street Address (P.O. Box Number is Not Acceptable)	253 MIRACLE MILE
83	
84 City	CORAL GABLES FL
85 Zip Code	33134

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 
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
1/18/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LYNCH, MARTIN	1.2 NAME	
STREET ADDRESS	8190 SW 107 ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	
NAME	CLARKE, JOHN	2.2 NAME	
STREET ADDRESS	7455 SW 113 CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33183	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	STAFFORD, RAYMOND	3.2 NAME	
STREET ADDRESS	8190 SW 107 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)