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

**PROFIT CORPORATION** ANNUAL REPORT

1998

DOCUMENT #



FLORIDA DEPARTMENT OF STATE Bandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000058214 (2)

LYNCO OF CENTRAL FLORIDA, INC.

## **FILED** Feb 12 1998 8:00am Secretary of State

ETHOS OF SERVINE LEGINORY MO.													
Principal Place of Business Mailing Address											DA DINDA KORAT HAKOF I	HIN 6101 (881	
					O N HIGHLAND PARK DR								
					FRNANDO FL 34442								
										DO NOT WRITE IN 1	THIS SPACE		
										3. Date Incorporated or Qualified			
2. Principal Place of Business 2e. Mailing Address										07/02/1997 4. FEI Number	· · · · · · · · · · · · · · · · · · ·	Sautical Fac	
21				26						59-3464006	<del></del>	Applied For Not Applicable	
	Suite, Apt. i	W. etc.		Suite, Apt. #, etc.					$\dashv$		60 75	Additional	
22				27						5. Certificate of Status Desired		Desiuper	
City & State				City & State						6. Election Campaign Financing	\$5.00	May Be	
23				28						Trust Fund Contribution		to Fees	
	Zip		Country	Zip Country				8. This corporation owes or has paid th	e current year I	ntangible			
24				29 30						Personal Property Tax due June 30. Yes No			
9, Name and Address of Current Registered Agent										10. Name and Address of New Registe	ered Agent		
CROSSLEY, SCOTT							81	Name					
5170 N HIGHLAND PARK DR							82	Street A	address (P.O. Box Number is Not Acceptable)				
HERNANDO FL 34442													
							63						
							64	City		· · · · · · · · · · · · · · · · · · ·	- 85 Zip	Code	
	<b>5</b>		10 007.0100	10011500									
71.	office or re	gent, or both, in the State of	and 607.1508, Friorida: Such	, Florida Statu I change was	ites, the at authorized	oove J by	-named c the corpo	orpora	ation submits this statement for the purpo n's board of directors. I hereby accept the	se of changing e appointment a	its registered s registered		
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 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.													
SIG	NATURE .		rotten arminar in a si	on a san vin ny nivy.									
Signature, typed or printed name of registered agent and title if applicable (NOTE Rog  12. OF FICE RS AND DIRECTORS						13.	Ager	nt signature re	equired v	when reinstating) Display ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	PS IN 12	
TITL	E						11700				Change	Addition	
NAM	E	WOODS, LINDA					L a n history		PD		V.V.		
STRE	ET ADDRESS	5170 N HIGHLAND PARK DR					1 2 CTDEET ADDRESS			OSSLEY, LINDA			
			NANDO FL 34442				1.4 CITY - ST - ZIP			RNANDOHIGHLAND42AF	RK DR	1	
TITLE		SD	<del></del>		DELETE	2.1 1/1					Change	☐ Addition	
NAM	E		LEY, SCOTT			2.2 NA	ME					1	
STRE	STREET ADDRESS 5170 N HIGHLAND PARK DI		HIGHLAND PARK DR			2.3 \$1	REET /	ADDRESS					
CITY-ST-ZIP		HERNAI	NDO FL 34442			2. 4 C	2. 4 CITY - ST - ZIP					1	
TITLE					DELETE	3.1 1(1	LE			, , , , , , , , , , , , , , , , , , , ,	Change	Addition	
NAM	E					3.2 NA	ME	ļ					
STRE	ET ADDRESS					3.3 \$1	REET A	ADDRESS					
CITY	-ST-ZIP					3.4. CI	TY-\$1	T-ZIP					
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NAM	E					4.2 N	AME						
STREET ADDRESS					4.3 STREET ADDRESS					ŀ			
	-ST-ZIP				CT beleve		Y-ST	- ZIP					
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NAM	1					5.2 NA		1					
	ET ADDRESS							ADDRESS					
	·\$T·ZIP				DELETE	5.4 CI		- ZIP			[] ob	Additio-	
TITLE					L DELETE	6.1 Trī					Change	Addition	
NAM	1					6.2 NA							
	ET ADDRESS							ADDRESS				1	
	-\$1-ZIP Liberaby ce	ertify that th	e information supplied with	this filma doe	s not qualify t	6.4 Cil			in Sec	action 119.07(3)(i). Florida Statutes. Lifurth	er certify that th	e information	

Thereby certify that the information supplied with this lining does not quality for the exemption stated in Section 119.07(5)(f), Florida Statutes. 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 corpy ation 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 chappled, or on an application with an address.

(352) 237-4464