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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000073338**1. Corporation Name

LYNDA LONG, INC.

ļ	Principal	Place	of Business
ł			

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90005 038 ***150.00



		Mailing Add							i i ili se hi i i ii		(6
Principal Place	of Business										
2008 S.E. 26TH		TH AVENUE									
FT. LAUDERDAL	E FL 33316	FT. LAUDERI	FT. LAUDERDALE FL 33316				DO NOT WRITE IN THIS SPACE				
						<u></u> 3	3. Date Incorp	orated or Qualife		<u> </u>	
	•						08/22/19				1
2. Principal Place of Business 2a. Mailing Address							4. FEI Number			A	oplied For
			Maining Address]	65-0786625			N	lot Applicable
Suite, Apt.	# etc		Suite, Apt. #, etc.				-			\$8.75	Additional
—	, , 0.0.	27				5	5. Certifcate of	f Status Desired			Required
City & State			City & State			-	6 Election Ca	mpaign Financin	1	\$5.00	May Be
23		28				·- `		Contribution	, _□		to Fees
Zip	Country	Zip		Country	y		8. This corpora	ation owes the cu	rrent year in	tangible	
24	25	29	30	o		1 7	Personal Pr		•	Yes	⊠ Vo
	9. Name and Address of Curre					10	0. Name and	Address of New	Registered	Agent	
				81	Name	1.1	- lad	n 1 a/			
MOR	aitis, deborah f esq			82	Ctroot	-Addroso	(B.O. Boy Mun	pber is Not Acce	ntable)		
2929	EAST COMMERCIAL BOULEV	'ARD		02	Silee	1008	15 E	26 An			
SUIT	E 701			83	1 0			- 			
FT. L	AUDERDALE FL 33308			<u> </u>		<i></i>				0.5 7%	Cada 1 4
				84	City _	ton	tlaud	ludele	Ft	_ 85 🕏	33/6
11 Pursuant	to the provisions of Sections 607.05	502 and 607.1508.	Florida Statutes.	, the abov	re-паmed	corporati	ion submits this	s statement for th			s registered
office or re	to the provisions of Sections 607.05 agistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such	charige was auth 607.0505, Florid	norized by la Statutes	the corp	oration's l	board of direct	tors. I hereby acc	ept the appo	intment as r	egistered
SIGNATURE	Tink	100	de	Long	/ t	reside	ent	4/19	191		
Signature, typed or printed naryelof registered abent and title if applicable (NOTE: I				egistered Age	nt signatur	required wher			DATE /		
12.		ND DIRECTORS		13.			ADDITIONS/	CHANGES TO C	OFFICERS A	ND DIRECT	
TITLE	D ·		☐ DELETE	1.1 TITLE	•					[_] Change	☐ Accordan
NAME	LONG, LYNDA			1.2 NAME		}					ł
STREET ADDRESS 2008 S.E. 26TH AVENUE		1.3 STREET ADO			ET ADDRESS	1					}
CITY-ST-ZIP	FT. LAUDERDALE FL 33316			1.4 CITY-5	ST-ZIP	 		_		Channe	, , , , , , , , , , , , , , , , , , ,
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NAME				2.2 NAME							
STREET ADDRESS				2.3 STREE	T ADDRESS						
CITY-ST-ZIP		 -		2. 4 CITY-	ST-ZIP	<u> </u>					F7 4 436
TITLE			☐ DELETE	3.1 TITLE						☐ Change	e 🔀 Addition 🛭
NAME *	•	± -		3.2 NAME		,	-				
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TITLE			☐ DELETE	4.1 TITLE						☐ Change	Addition
NAME				4.2 NAME		-					ſ
STREET ADDRESS	·			4.3 STREE	TADDRESS	1					ļ
CITY-ST-ZIP	<u>_</u>			4.4 CITY-5	ST-ZIP						
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NAME				6.2 NAME						,	ļ
STREET ADDRESS			6.3 STREE	ET ADDRESS	1						
				1		1					

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 appaddress, with all other like empowered.

SIGNATURE: