SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED

99 SEP 15 PH 1: 02

DOCUMENT # \$66500 JONI LYNN, INC.					SECRE JARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/11/1991 4. FEI Number 59-3074960 Not Applied For Not Applicable \$8.75 Additional		
City & Stal	# 1073 27 City & State City & State				5. Certificate of Status Desired Fee Required 5.00 May Be		
[23] Zip	Country Zip		Count	ry	Trust Fund Contribution Added to Fees 8. This corporation owes the current year Intangible Personal Property. Yes No		
24	24 25 29 30 30 9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
ŀ	9. Name and Address of Col	Tent Registered Agent		1 Name	TO. Name and Accress of New Registered Agent		
SZROM, JONI LYNN							
3959 BUGLERS REST PL				Street Address (P.O. Box Number is Not Acceptable)			
CASSELBERRY FL 32707				3			
				4 City	85	Zip Code	
				City	FL °°	21p C000	
 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 from the provisions of sections 607.0505, Florida Statutes. 							
SIGNATURE	Stignature, typed or printed name of registered	agent and bite if applicable (NC	TE Registere	1 Agent signatu	re required when reinstating) DATE		
12	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIR	ECTORS IN 12	
T-17_ 9	P	DELETE	1.1 TITLE		□ ch	ange 🔲 Addition 📙	
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NAME Short standon of			6.2 NAM		1.10 1	į	
STREET ADDRESS	1			ET ADDRESS (Programme and the second	1	
OTYS12el	edify that the information supplied a	with this files does not qualify for the	6.4 CITY		section 119.07(3)(i) Florida Statutes I further certify that the	information	

and 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 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 changes, or on an attachment with an address.

SIGNATURE:

September 10,1999

In reply to: Our conversation of 9/9/99

Mr. Tyrone Scott Florida Dept. of State Division of Corporation PO Box 6327 Tallahassee, FL 32314

Dear Mr. Scott,

Per our conversation, I am requesting waving of the late fee (\$400) for reinstatement of our corporation.

As I explained we didn't receive the first notification. When the second notification was received, we sent in the \$150 along with an explanation us to why we were late. I appreciate your consideration. I am enclosing our application, a copy of the letter received and our check for \$150.00

Respectfully,

Lawrence J. Szrom

VΡ

Joni Lynn, Inc