

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S73299** (7)

1. Corporation Name  
**LAKE LYN, INC.**



Principal Place of Business

Mailing Address

**4601 SHERIDAN ST.  
#208  
HOLLYWOOD FL 33021**

**4601 SHERIDAN ST.  
#208  
HOLLYWOOD FL 33021**

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>08/13/1991</b>  | 3a. Date of Last Report<br><b>01/13/1995</b>           |
| 4. FEI Number<br><b>04-2554914</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75 Additional Fee Required</b>                  |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>                     |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|   |   |
|---|---|
| 2. Principal Place of Business              | 2a. Mailing Address                         |
| 21. <b>4601 Sheridan Street</b>             | 26. <b>4601 Sheridan Street</b>             |
| Suite, Apt. #, etc.<br>22. <b>Suite 500</b> | Suite, Apt. #, etc.<br>27. <b>Suite 500</b> |
| City & State<br>23. <b>Hollywood, FL</b>    | City & State<br>28. <b>Hollywood, FL</b>    |
| Zip<br>24. <b>33021</b>                     | Country<br>25. <b>USA</b>                   |
| 29. <b>33021</b>                            | 30. <b>USA</b>                              |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PINDELL, MARILYN  
4601 SHERIDAN ST.  
#208  
HOLLYWOOD FL 33021**

|   |
|---|
| 81. Name<br><b>Marilyn Pindell</b>  |
| 82. Street Address (P.O. Box Number is Not Acceptable)<br><b>4601 Sheridan Street</b> |
| 83. Suite<br><b>Suite 500</b>   |
| 84. City<br><b>Hollywood</b>  |
| 85. Zip Code<br><b>FL 33021</b>   |

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

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | <b>PSD</b> <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>PINDELL, MARILYN</b>                    | 1.2 NAME  |   |
| STREET ADDRESS             | <b>4601 SHERIDAN ST-#208</b>               | 1.3 STREET ADDRESS                                    | <b>4601 Sheridan Street, Suite 500</b>                            |
| CITY-ST-ZIP                | <b>HOLLYWOOD FL</b>                        | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 2.2 NAME  |   |
| STREET ADDRESS             |  | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE            | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 6.2 NAME  |   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Marilyn Pindell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/96

Date

954-966-0003

Daytime Phone #

CR2E034 (12/95)