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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT DE STATE Saridra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

S75191 **DOCUMENT #**

(4)

1. Corporation Name LYNN INC.

| Principal Place o | of Business | Mailing Address | | | | - 1 140014010 181 10000 101101 11010 | | | |
|--|--|-----------------------|---|--|---|--|-----------------|----------------------------------|--|
| 5400 N. UNIV | ersity dr. | 5400 N. UNIVER | | | | | | | |
| LAUDERHILL FL 33351 US | | US US | . 33331 | | | 3. Date Incorporated or Qualifi 08/05/1991 | ed 3a. | Date of Last R 04/06/19 | |
| , , | ce of Business | 2a, Mailing Addres | SS | | | 4. FEI Number 65-0293947 | | | Applied For Not Applicable |
| Suite, Apl. # | J. etc. | 26 Suite, Apt. #, 6 | etc. | | | | | <u></u> | Additional |
|] | | 27 | | | | 5. Certificate of Status Desired | | Fee | Required |
| City & State | | City & State | | | | 6. Election Campaign Financin | ¹⁹ 🗖 | | O May Be d to Fees |
| <u> </u> | Country | 28 Zip | 1 0 | Country | ····· | Trust Fund Contribution 8. This corporation has liability | | | |
| - Ζφ .} | 25 | 29 | 30 | ournity. | | | Yes ☑N | | |
| | 9. Name and Address of Cur | rent Registered Agent | | | | 10. Name and Address of No | w Registe | red Agent | |
| | | | | | Name | | | | |
| LYNN, B | | | | 82 | Street Addre | oss (P.O. Box Number is Not Acce | ptable) | | |
| | university dr. Hill fl 33351 | | | 83 | | | | | |
| 2103211 | 11100 7 2 0000 1 | | | 84 | City | | | FL 85 Z | p Code |
| | a the pravisions of Sections 607.0 | | | | | | | . — | registered offic |
| SCHIENTOPIC | | | | | | | DA | | |
| | Signature, typed or printed name of registered a OFFICERS | AND DIRECTORS | 1 | ered Agent s 3. | signarure required | when reinstating) ADDITIONS/CHANGES TO | DA OFFICERS | AND DIRECTO | |
| 12. IILE | OFFICERS D | | 1 TE 1. | 3. 1 TITLE | signarure required | | | | DRS IN 12 Addition |
| 2. IILE AWÉ | D Lynn, Barry | AND DIRECTORS | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 3. 1 TITLE 2 NAME | | | | AND DIRECTO | |
| 2. HLE AME HREEL ADDRESS | D Lynn, Barry 5400 n. University Dr. | AND DIRECTORS | TE 1. 1 | 3. 1 TITLE 2 NAME 3 STREET A | ADDRESS | | | AND DIRECTO | |
| 2. HILE AME HREEL ADDRESS HY-SL-ZIP | D LYNN, BARRY 5400 N. UNIVERSITY DR. LAUDERHILL FL D | AND DIRECTORS | 1 TE 1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 3. 1 TITLE 2 NAME | ADDRESS | | | AND DIRECTO | |
| 2. HLE AME IREEL ADDRESS DTY-ST_ZIP | D LYNN, BARRY 5400 N. UNIVERSITY DR. LAUDERHILL FL D LYNN, CHERRI | AND DIRECTORS DELE | 1 TE 1. 1 1 1 1 1 1 1 2 2 2 2 | 3. 1 TITLE 2 NAME 3 STREET A 4 CHY-ST- 1 TITLE 2 NAME | NDDRESS - Zip | | | AND DIRECTO | Addition |
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certify that the information indicated on this annual report or supplemental annual report oath; that I am an officer or director of the corporation or the receiver or trustee empower appears in Block 12 or Book 13 if changed, or on an attachment with an address.

GNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR OF DIRECTOR

305-741-8825