

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

FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # S88099

(4)

1. Corporation Name

CYNMARLYN, INC.



Principal Place of Business 8901 MAGNOLIA CHASE CIRCLE SUITE 130 TAMPA FL 33647 US	Mailing Address 8901 MAGNOLIA CHASE CIRCLE SUITE 130 TAMA FL 33647-2220 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 Delete "Suite 130" City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 Delete "Suite 130" City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/18/1991	3a. Date of Last Report 03/28/1996
4. FEI Number 59-3090322	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent BLALOCK, ROBERT G. 802 11TH STREET WEST BRADENTON FL 34025	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PTDC
NAME	MCKEOWN, FRANK E.
STREET ADDRESS	8901 MAGNOLIA CHASE CIRCLE
CITY- ST- ZIP	TAMPA FL
TITLE	PD
NAME	REINHARD, RICHARD P. JR.
STREET ADDRESS	4303 LUKOW PLACE
CITY- ST- ZIP	VALRICO FL
TITLE	D
NAME	KATE TIEDEMANN
STREET ADDRESS	4 STEWART COURT
CITY- ST- ZIP	DENVILLE NJ
TITLE	VSD
NAME	MCKEOWN, CYNTHIA L.
STREET ADDRESS	8901 MAGNOLIA CHASE CIRCLE
CITY- ST- ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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 an address.

SIGNATURE:

Cynthia L. McKeown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 17, 1997

Date

813/

973-1554

Daytime Phone #

0370246

CR2E034 (9/96)