SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 28 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V21198** **(9)**

1. Corporation Name
LINDA LEWIS, INC.

Principal Place of Business	Mailing Address
4469 POINCIANA STREET LAUDERDALE BY THE SEA FL 33308	4469 POINCIANA STREET LAUDERDALE BY THE SEA FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/13/1992
3a. Date of Last Report: 04/12/1994

2. Principal Place of Business
21: 2872 NE 26 Place
22 Suite, Apt. #, etc: Ft Lauderdale FL
23 City & State: 33306
24 Zip: 33306 25 Country: USA

2a. Mailing Address
26: 2872 NE 26 PL
27 Suite, Apt. #, etc:
28 City & State: Ft Lauderdale FL
29 Zip: 33306 30 Country: USA

4. FEI Number: 65-0332585 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEWIS, LINDA
4469 POINCIANA STREET
LAUDERDALE BY THE SEA FL 33308

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 2872 NE 26 Place
83:
84 City: Ft Lauderdale FL 85 Zip Code: 33306

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (If not Registered Agent, signature required where mandatory)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEWIS, LINDA
STREET ADDRESS	4469 POINCIANA ST.
CITY ST ZIP	LAUDERDALE BY THE SEA FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13.

11 TITLE	Lewis, Linda	☐ Change ☐ Addition
12 NAME	2872 NE 26 PL	
13 STREET ADDRESS	Ft Lauderdale FL 33306	
14 CITY ST ZIP		
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY ST ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY ST ZIP		

CR2E034 (3/95)

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)(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: Linda Lewis Linda Lewis 7/24/95 305 568-6055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0071670 CP