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

PROFIT CORPORATION ANNUAL REPORT

1996

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name V65064

(0)

LYNN BALL REALTY, INC.

Principal Place of Business Mailing Address 1900 GLADES ROAD 1900 GLADES ROAD SUITE 355 BOCA RATON FL 33431 BOCA RATON FL 33431					
BOOK HATON PE 39431				 Date Incorporated or Qualified 09/18/1992 	3a. Date of Last Report 05/01/1995
2. Principal Pl	ace of Business DECR CREEK RO #6-	2a. Mailing Address	wer an	4. FEI Number	Applied For
Suite, Apt.		Suite, Apt. #, etc.		65-0357179	Not Applicable \$8.75 Additional
2 6-110		27 6-110		5. Certificate of Status Desired	Fee Required
	Listo Ach Fr	City & State 28 DE EA-FI & C	I ach fe	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Addled to Fees
Zip 339	YYY Country	Zip	Country	8. This corporation has liability for	
41 00	9. Name and Address of Curr	ent Registered Agent	30	Florida Statutes Ye 10. Name and Address of New	_A_A_
SCIARRE	ETTA & SCHNER , P. A.		81 Name 🗶	YNN BALL	
1900 GLADES ROAD, SUITE 355			82 Street Ac	ddress (P.O. Box Number is Not Accepta OLEACALBELRO 3	G-110
BOCA R	ATON FL 33431	Sec.	83		
			84 City	1. [11 11	- 85 Zip Code
11 Purcuant t	to the provisions of Sections 607.06	32 and 607 1500 Florido Diet de		entisted the	FL 85 プロCode
OF TOURSLOT	eu agent, or potri, ili the State of Fic	irida. Such channe was authorize	s, trie above-named corp d by the corporation's bo	poration submits this statement for the population of directors. I hereby accept the ap	urpose of changing its registered office pointment ay registered agent. I am
SIGNATURE	th, and accept the obligations of, Se	ction 607 0505, Florida Statutes.			422196
	Signature, yued or printed name of registered ago	ont and title if applicable (NOT	: Registered Agent signature requ	ired when reinstating)	DATE
12.	r	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
TITLE	D	□ DÉLETE	1. 1 TITLE		Change
NAME	BALL, LYNN		1.2 NAME		
STREET ADDRESS	1900 GLADES ROAD		1.3 STREET ADDRESS	ABBN Field Bub,	#6110
CITY - ST - ZIP	BOCA RATON FL		14 CITY - ST - ZIP	NEEN HISLE BULL	CC 3244-
TITLE		☐ DELETE	2 1 THILE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS	•		2.3 STREET ADDRESS		
CITY·SI·ZIP		· · · · · · · · · · · · · · · · · · ·	2.4 CITY - ST - ZIP		
117LE		☐ DELETE	3. 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS		
CITY+ST-ZiP		D bever	3.4 CITY-ST-ZIP		
IITLE		☐ DELETE	4 1 TITLE		☐ Change ☐ Addition
NAME Exercis aborded			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CiTY - ST - ZiP		
NAME			5. 1 TITLE		Change Addition
STREET ADDRESS			5.2 NAME		
DITY-ST-ZIP	•		5.3 STREET ADORESS		
IIILE		☐ DELETE	6 1 TITLE		Change Addition
VAME			62 NAME		Change C Addition
STREET ADDRESS			63 STREET ADDRESS		
CITY-S1-ZIP			64 CITY-SI-ZIP		
14. I do hereby	certify that the information supplied	with this filing is voluntarily furnis	ned and does not qualify	for the exemption stated in Section 119	0.07(3)(k). Florida Statutes I further
oath; that I	the information indicated on this ant	nual report or supplemental annua loration or the receiver or trustee i	il report is true and accui empowered to execute t	rate and that my signature shall have the his report as required by Chapter 607, F	s norma local affect on if we also conduct