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May 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **P 97 0000 2 1102**
 1. Corporation Name:
LORIMAR SALES & SERVICE, INC.

Principal Place of Business: **181 NW 154 AVENUE PEMBROKE PINES, FL 33028**
 Mailing Address: **181 NW 154 AVENUE P. PINES, FL 33028**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **MARCH 7, 1997**

4. FEI Number: **65-0732597** Applied For: Not Applicable:

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

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25

2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
DEL RIO, LORRAINE
181 NW 154 AVENUE
PEMBROKE PINES, FL 33028

10. Name and Address of New Registered Agent

81 Name: _____

82 Street Address (P.O. Box Number is Not Acceptable): _____

83 _____

84 City: _____ State: **FL** Zip Code: _____ 85

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: _____ (NOT: Registered Agent signature required when registering) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE: **D** DELETE

NAME: **DEL RIO, LORRAINE**

STREET ADDRESS: **181 NW 154 AVENUE**

CITY-ST-ZIP: **PEMBROKE PINES, FL 33028**

TITLE: _____ DELETE

NAME: _____

STREET ADDRESS: _____

CITY-ST-ZIP: _____

TITLE: _____ DELETE

NAME: _____

STREET ADDRESS: _____

CITY-ST-ZIP: _____

TITLE: _____ DELETE

NAME: _____

STREET ADDRESS: _____

CITY-ST-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: Change Addition

1.2 NAME: _____

1.3 STREET ADDRESS: _____

1.4 CITY-ST-ZIP: _____

2.1 TITLE: Change Addition

2.2 NAME: _____

2.3 STREET ADDRESS: _____

2.4 CITY-ST-ZIP: _____

3.1 TITLE: Change Addition

3.2 NAME: _____

3.3 STREET ADDRESS: _____

3.4 CITY-ST-ZIP: _____

4.1 TITLE: Change Addition

4.2 NAME: _____

4.3 STREET ADDRESS: _____

4.4 CITY-ST-ZIP: _____

5.1 TITLE: Change Addition

5.2 NAME: _____

5.3 STREET ADDRESS: _____

5.4 CITY-ST-ZIP: _____

6.1 TITLE: Change Addition

6.2 NAME: _____

6.3 STREET ADDRESS: _____

6.4 CITY-ST-ZIP: _____

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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: _____ DATE: **4/27/98** (305) 317-5893

CR2E034 (10/97)