FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** Mar 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** LOMAR, INC. Principal Place of Business Mailing Address 101 CORSAIR DR STE 200 101 CORSAIR DR STE 200 DAYTONA BEACH FL 32114-3851 DAYTONA BEACH FL 32114-3851 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/29/1946 2a. Mailing Address 4. FEI Number Applied For 444 Seabreeze Blvd. 444 Seabreeze Blvd. Not Applicable 59-1105196 Suite, Apt. #, otc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired \Box Suite 210 Suite 210 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be Daytona Beach, Florida Daytona Beach, Florida Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has pald the current year Intangible 32118-3941 USA 24 32118-3941 25 USA Yes 29 Personal Property Tax due June 30. g, Name and Address of Current Registered Agent Name and Address of New Registered Agent OSSINSKY JR,LOUIS Louis Ossinsky, Jr. 101 CORSAIR DR STE 200 Street Address (P.O. Box Number is Not Acceptable)
444 Seabreeze Blvd., Suite 2 Ř2 DAYTONA BEACH FL 32114 Zip Code 32118-3941 Daytona Beach rorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered thange was authorized by the corporation's board of directors. I hereby accept the appointment as registered 607,605, Florida Statutes 11. Pursuant to the proand 607.1508 office or registered agent. I am familiaj SSIN SK. 3/10/98 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 1.1 TITLE ☐ Change ☐ Addition **OSSINSKY JR,LOUIS** NAME 1.2 NAME 924 PENINSULA DRIVE STREET ADDRESS 1.3 STREET ADDRESS ORMOND BEACH FL CITY - ST - ZIP 1.4 CITY-ST-ZIP TITLE DELETE Change Addition 2.1 TITLE ROSENKRANZ, JUDITH O. NAME 2.2 NAME 1125 SHIPWATCH CIR, HARBOUR ISLAND STREET ADDRESS 23 STREET ADDRESS TAMPA FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 31 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELFTE TITLE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADORESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE TITLE Change Addition 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 CITY-ST-ZIP

is not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

2/10/08

(984)252-275

CITY-ST-ZIP

14. Thereby certify that the information indicated on this annual report or sofficer or director of the corporation Block 12 or Block 13 if changed, in