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Apr 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 325247 (5)

1. Corporation Name
LU-MAR ENTERPRISES INC

Principal Place of Business
1880 OLD TOMOKA RD.
ORMOND BCH. FL 32174-6715

Mailing Address
1880 OLD TOMOKA RD.
ORMOND BCH. FL 32174-6715



2. Principal Place of Business
21 S KATRINAS DR.
Suite, Apt. #, etc.
22
City & State
23 ORMOND Bch. FL
Zip 32174 Country USA
24
25
26 S KATRINAS DR.
Suite, Apt. #, etc.
27
City & State
28 ORMOND Bch. FL
Zip 32174 Country USA
29
30

3. Date Incorporated or Qualified 01/17/1968
3a. Date of Last Report 05/01/1996
4. FEI Number 59-1225593
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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
RIEHLMAN, ROYCE W
1880 OLD TOMOKA RD.
ORMOND BCH. FL 32074

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 S KATRINAS DR.
84 City ORMOND Bch. FL 85 Zip Code 32174

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 *Royce W. Riehlman* DATE 4/10/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE PD ☐ DELETE
NAME RIEHLMAN, ROYCE W
STREET ADDRESS 1880 OLD TOMOKA RD.
CITY-ST-ZIP ORMOND BCH, FL 00000
TITLE ST ☐ DELETE
NAME RIEHLMAN, ROYCE W
STREET ADDRESS 1880 OLD TOMOKA RD.
CITY-ST-ZIP ORMOND BCH, FL 00000
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
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 S KATRINAS DR
1.4 CITY-ST-ZIP ORMOND Bch, FL. 32174
2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS S-KATRINAS DR.
2.4 CITY-ST-ZIP ORMOND Bch FL. 32174
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

14. I do 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 in an attachment with an address.

SIGNATURE: *Royce W. Riehlman* DATE 4/10/97 DAYTIME PHONE 904-672-8745
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)