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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 Mailing Address
1860 OLD TOMOKA RD. 1860 OLD TOMOKA RD.
ORMOND BCH. FL 32174-6715 ORMOND BCH. FL 32174-6715**

3. Date Incorporated or Qualified 01/17/1968 3a. Date of Last Report 05/01/1996

**2. Principal Place of Business 2a. Mailing Address
21 S KATRINAS DR. 26 S KATRINAS DR.
Suite, Apt. #, etc. Suite, Apt. #, etc.**

4. FEI Number 59-1225593 Applied For Not Applicable

**22. City & State 27. City & State
Ormond Bch. FL ORMOND Bch. FL.**

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

**23. Zip Country 28. Zip Country
FL 32174 USA ORMOND Bch. FL. 32174 USA**

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

24. 25. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 00.

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
1860 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)
S KATRINAS DR.
83
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: [Signature] DATE: 4/10/97

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RIEHLMAN, ROYCE W	
STREET ADDRESS	1860 OLD TOMOKA RD.	
CITY-ST-ZIP	ORMOND BCH, FL 00000	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	RIEHLMAN, ROYCE W	
STREET ADDRESS	1860 OLD TOMOKA RD.	
CITY-ST-ZIP	ORMOND BCH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	S KATRINAS DR
1.4 CITY-ST-ZIP	ORMOND Bch, FL. 32174
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	S KATRINAS DR.
2.4 CITY-ST-ZIP	ORMOND Bch FL. 32174
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] DATE: 4/10/97 DAYTIME PHONE: 904-672-8745

CR2E034 (9/96)