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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 325247

1. Corporation Name  
LU-MAR ENTERPRISES INC

Principal Place of Business

Mailing Address

5 KATRINAS DR.  
ORMOND BCH. FL 32174  
US

5 KATRINAS DR.  
ORMOND BCH. FL 32174  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/17/1968

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Filing Address  
21 449 EAST GRAVES AVE

2a. Mailing Address  
26 449 EAST GRAVES AVE.

22 City & State  
23 ORANGE CITY FL

27 City & State  
28 ORANGE CITY FL

24 Zip 32763 25 US

29 Zip 32763 30 US

9. Name and Address of Current Registered Agent  
RIEHLMAN, ROYCE W  
5 KATRINAS DR.  
ORMOND BCH. FL 32174

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
~~3069 BOCA OFFER AVE.~~  
83 449 EAST GRAVES AVE.  
84 City ORANGE CITY FL 85 Zip Code 32763

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*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/2/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME RIEHLMAN, ROYCE W  
STREET ADDRESS 5 KATRINAS DR.  
CITY-ST-ZIP ORMOND BCH, FL 00000

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 449 EAST GRAVES AVE.  
1.4 CITY-ST-ZIP ORANGE CITY FL 32763

TITLE ST  DELETE  
NAME RIEHLMAN, ROYCE W  
STREET ADDRESS 5 KATRINAS DR.  
CITY-ST-ZIP ORMOND BCH, FL 00000

2.1 TITLE  Addition  
2.2 NAME  
2.3 STREET ADDRESS 449 EAST GRAVES AVE  
2.4 CITY-ST-ZIP ORANGE CITY FL 32763

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Royce W. Riehlman* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/2/99

702-433-2205  
Daytime Phone #

CR20034-11/1991