

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 645411 (0)**

1. Corporation Name  
**JACK P. LA MARR, ATTORNEY AT LAW. P.A.**



Principal Place of Business Mailing Address  
~~XXXX S ANDREWS AVE STE 203~~ ~~XXXX S ANDREWS AVE STE 203~~  
FORT LAUDERDALE FL 33306X FORT LAUDERDALE FL 33306X  
**2601 E. Oakland Park Blvd., #501**  
**Ft. Lauderdale, FL 33306**

3. Date Incorporated or Qualified **11/16/1979** 3a. Date of Last Report **04/06/1995**

2. Principal Place of Business 2a. Mailing Address  
21 **2601 E. Oakland Park Blvd.** 27 **Same as 2**

4. FEI Number **59-2023422** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **501** 27 **501**

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

City & State City & State  
23 **Ft. Lauderdale, FL** 28 **Ft. Lauderdale, FL**

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

Zip Country Zip Country  
24 **33306** 25 **Broward** 29 **33306** 30 **Broward**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**LA MARR, JACK P., ESQ.**  
**1777 S ANDREWS AVE, STE 203**  
**FORT LAUDERDALE FL 33316**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2601 E. Oakland Park Blvd., #501**  
83  
84 City **Ft. Lauderdale** FL 85 Zip Code **33306**

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]* **04/24/96**  
Signature and or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	<input type="checkbox"/> DELETE
NAME	<b>LAMARR, JACK P.</b>
STREET ADDRESS	<b>1777 S ANDREWS AVE., #203</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>LA MARR, JACK P</b>
STREET ADDRESS	<b>1777 S ANDREWS AVE #203</b>
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>
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	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>2601 E. Oakland Park Blvd, #501</b>
1.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33306</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>2601 E. Oakland Park Blvd., #501</b>
2.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33306</b>
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 submitted with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this 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 on an attachment with an address.

SIGNATURE *[Signature]* **04/24/96 (954) 568-5158**  
Signature and or typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)