

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB - 1 PM 12: 28

DOCUMENT # 821477 (7)

1. Corporation Name

LAWRENCE GERMAIN COMPANY

Principal Place of Business

Mailing Address

223 THE MALL AT IV  
PARAMUS NJ 07652  
US

223 THE MALL AT IV  
PARAMUS NJ 07652  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 05/24/1968  
3a. Date of Last Report 03/08/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

13-2521803

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 City & State

28 City & State

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

24 Zip

Country

29 Zip

Country

25

Country

29

Country

26

Country

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEVITT, FRED B., JR.  
30 S.E. 4TH AVE.  
DELRAY BEACH FL 33444

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed 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	P
NAME	GERMAIN, SHEILA
STREET ADDRESS	3519 S OCEAN BLVD
CITY- ST- ZIP	HIGHLAND BCH, FL 00000
TITLE	ST
NAME	LYNCH EILEEN
STREET ADDRESS	3519 S. OCEAN BLVD.
CITY- ST- ZIP	HIGHLAND BCH FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 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.

SIGNATURE:

*Sheila A. Germain*  
SIGNATURE AND TYPED OR PRINTED NAME OF BORING OFFICER OR DIRECTOR

1/26/95

(201) 343-6300