## **FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 18 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # 821477 LAWRENCE GERMAIN COMPANY Mailing Address Principal Place of Business 223 THE MALL AT IV 223 THE MALL AT IV PARAMUS NJ 07652 PARAMUS NJ 07852 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/24/1968 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 13-2521803 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be Election Campaign Financing Added to Fees 23 28 Trust Fund Contribution Zip Country Ziri Country This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 24 25 29 30 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. Street Address (P.O. Box Number is Not Acceptable) 62 **DELRAY BEACH FL 33444** 83 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 Statutos. SIGNATURE (NOTE Registered Agent signature required when reinstating ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Addition DELETE Change TITLE 1.1 TITLE GERMAIN, SHEILA NAME 1.2 NAME 3519 S OCEAN BLVD STREET ADDRESS 1.3 STREET ADDRESS HIGHLAND BCH, FL 00000 CITY-ST-ZIP 1.4 DITY-ST-ZIP TITLE DELETE 2.1 TITLE Change ☐ Addition LYNCH EILEEN NAME 2.2 NAME 3519 S. OCEAN BLVD. STREET ADDRESS 23 STHEFT ADDRESS HIGHLAND BCH FL CITY-ST-ZIP 2 4 CITY - ST - ZIP T DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP DELE TE Change \_\_\_ Addition TITLE 4 1 717LE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITEF NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5 4 CITY-ST-ZIP

4. Thereby certify that the information supplied with this filing closes not quality 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 arrival 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 comporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing organish atticipient with my address.

6 1 TITLE

6.2 NAME

6.9 STREET ADDRESS

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

FEBRUARY 11, 1998 201-343630

Change

Addition