Jun 21, 1999 8:00 am Secretary of State

06-21-1999 90010 031 \*\*\*550.00

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # F9400002329

1. Corporation Name

INOMIN S. LAMMONI	ia a stonage, inc								
Principal Place of Business		Mailing Address				-			111016 1011 1001
	•	50 MARIA AVE.			:				
50 Maria ave.  Johnston Ri 02919  Johnston Ri 02919									
							RITE IN TH	IIS SPACE	
						3. Date Incorporated or Qualif	ed		
	<del></del>					05/05/1994 4. FEI Number			pplied For
2. Principal Place of Busin		2a. Mailing Address				05-0435351			ot Applicable
21		Suite, Apt. #, etc.				0070430301			Additional
Suite, Apt. #, etc.		27				5. Certifcate of Status Desired			equired
City & State		- City & State -				6. Election Campaign Financir	na – · ·	\$5.00	May Be
23		28				Trust Fund Contribution	° П		to Fees
Zip	Country	Zip	Coun	try		8. This corporation owes the o	urrent year	Intangible	
24	25	29	30		_	Personal Property Tax.		□Yes	No
	and Address of Current R	legistered Agent		1		10. Name and Address of Ne	w Registere	d Agent	
14000 1440/01				B1 N	ame				
MOSS, MARVIN 4651 SHERIDAN			Į.	<b>B2</b> S1	reet Addres	ss (P.O. Box Number is Not Acce	ptable)		
	1 51.		L.						
STE. 300	1 00001			B3					. [
HOLLYWOOD F	L 33021		la la	84 C	tv —			85 Zip	Code
				- 1	•	•		L 65 Zip	
			<u>+</u>				L	of observed its	a rogistorod
office or registered an	ions of Sections 607.0502 a ent, or both, in the State of f th, and accept the obligation	Florida Such change was a	urnorizea i	ov ine	med corpor corporation	ration submits this statement for it is board of directors. I hereby ac	he purpose cept the app	of changing its pointment as re	s registered egistered
office or registered ag agent. I am familiar wi SIGNATURE	ent, or both, in the State of the thing and accept the obligation	Florida. Such change was a ns of, Section 607.0505, Flo	rida Statut	by the tes.	corporation	is board of directors. Thereby ac	he purpose cept the app	of changing its	s registered egistered
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office or registered ag agent. I am familiar wi SIGNATURE	ent, or both, in the State of the thing and accept the obligation	riorida. Such change was ans of, Section 607.0505, Flo	rida Statut	by the tes.	corporation	when reinstating)	DATE	,	
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14. Thereby 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.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS