

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Jun 21, 1996 08:00 AM  
Secretary of State

DOCUMENT # F95000000638 (5)  
1. Corporation Name

LA-MAN CORPORATION OF NEVADA



Principal Place of Business

Mailing Address

2180 WEST STATE ROAD 434, STE. 6138  
LONGWOOD FL 32779

2180 WEST STATE ROAD 434, STE. 6138  
LONGWOOD FL 32779

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

HARRIS, MARSHALL S  
255 SOUTH ORANGE AVE., STE. 800  
ORLANDO FL 32801

3. Date Incorporated or Qualified

02/07/1995

3a. Date of Last Report

4. FEI Number

38-2286268

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes ☒ No ☐

10. Name and Address of New Registered Agent

81 Name

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

390 NORTH ORANGE AVE, SUITE 1100

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

C  
NAME STEWART, J. MELVIN  
STREET ADDRESS 2201 CANTU COURT, SUITES 217-218  
CITY-ST-ZIP SARASOTA FL 34232

TITLE ☐ DELETE

DP  
NAME BRANDNER, J. WILLIAM  
STREET ADDRESS 2180 W. STATE ROAD 434, SUITE 6136  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ DELETE

DSV  
NAME HOARD, PHILIP H  
STREET ADDRESS 7450 SOUTH HOMESTEAD DR.  
CITY-ST-ZIP HAMILTON IN 46742-0487

TITLE ☐ DELETE

VT  
NAME NICOLS, OTTO J  
STREET ADDRESS 2180 W. STATE ROAD 434, SUITE 6136  
CITY-ST-ZIP LONGWOOD FL 32779

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
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 119.07(3)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OTTO J. NICOLS

6/12/96

(407) 865-5995  
Daytime Phone #

CR2E034 (3/96)