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Jan 26, 1999 8:00am
Secretary of State

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PROFIT CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H49317

1. Corporation Name
LAMMS CHINA, INC.

Principal Place of Business
C/O ANNE A. MEYER
3901 SE ST. LUCIE BLVD. #52
STUART FL 34997

Mailing Address
C/O ANNE A. MEYER
3901 SE ST. LUCIE BLVD. #52
STUART FL 34997

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
03/27/1985

4. FEI Number
49-2521140

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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
MEYER, ANNE A.
3901 SE ST. LUCIE BLVD.
#52
STUART FL 33494

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	D	1.1 TITLE	
NAME	MEYER, SUE M.	1.2 NAME	
STREET ADDRESS	3901 SE ST. LUCIE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	MEYER, WILLIAM A.	2.2 NAME	
STREET ADDRESS	26 BIRCH DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MT. KISCO NY	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	MEYER, JOANNE A.	3.2 NAME	
STREET ADDRESS	RUSSEL AVE., P.O. BOX 55	3.3 STREET ADDRESS	
CITY-ST-ZIP	RHINECLIFF NY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	BURTON, LAURA MEYER	4.2 NAME	
STREET ADDRESS	12 WILLOW STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	BEACON NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	MEYER, MARGARET C.	5.2 NAME	
STREET ADDRESS	136 DEANN ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	COPPELL TX	5.4 CITY-ST-ZIP	
TITLE	DP	6.1 TITLE	
NAME	MEYER, ANNE A.	6.2 NAME	
STREET ADDRESS	3901 SE ST. LUCIE BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL	6.4 CITY-ST-ZIP	

14. I hereby 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 3, 1999

Date

Daytime Phone #

CR2E034 (1/98)

0516021