FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **FILED** FLORIDA DEPARTMENT OF STATE Jan 23 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name (1)J56990 L-MAR-WA, INC. Principal Place of Business Mailing Address % Martha S. Johnson % MARTHA S. JOHNSON RILEY' PARK OFFICE RILEY' PARK OFFICE DO NOT WRITE IN THIS SPACE MT.DORA FL 32757 MT.DORA FL 32757 3. Date Incorporated or Qualified 02/12/1987 2. Principal Place of Business 2a. Mailing Address Applied For 4. FEI Number 21 26 59-2770494 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year intangible X Yes 30 Personal Property Tax due June 30. 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name JOHNSON, MARTHA S. RILEY'S PARK OFFICE Street Address (P.O. Box Number is Not Acceptable) MT. DORA FL 32757 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 Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. 1.1 TITLE Addition DELETE Change JOHNSON, MARTHA S. 1.2 NAME NAME RILEY'S PARK OFFICE STREET ADDRESS 1.3 STREET ADDRESS MT. DORA FL 1.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition TITLE 2.1 TITLE SIMPSON, L. GRADY, JR NAME 2.2 NAME RILEY'S PARK OFFICE STREET ADDRESS 2.3 STREET ADDRESS MT. DORA FL CITY - ST - ZIP 2. 4 CITY - ST- ZIP DELETE Change Addition 3.1 TITLE TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ___ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 51 TO F TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP 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 attrichment with an address.

SIGNATURE:

Martha: Johnson 1–13–98 352–383–5777

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

TITLE

STREET ADORESS CITY - ST - ZIP Addition

Change