

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

FILED

**Mar 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # K26974 (1)

1. Corporation Name
LAM INTERNATIONAL, INC.



Principal Place of Business 7757 LAKE WORTH ROAD LAKE WORTH FL 33467	Mailing Address 7757 LAKE WORTH ROAD LAKE WORTH FL 33467-2536
--	---

3. Date Incorporated or Qualified 06/24/1988	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0077217	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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
---	--

9. Name and Address of Current Registered Agent

**MARK, SUE
7757 LAKE WORTH RD
LAKE WORTH FL 33467**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
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 _____ DATE _____
Signature of type of president, officer or registered agent and fee, if applicable. (NOTE: Registered Agent's signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	NAME MARK, SUE	11 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 12395 BISCAYNE BLVD	CITY-ST-ZIP NORTH MIAMI FL	12 NAME	
TITLE D	NAME MARK, PETER	13 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 7757 LAKE WORTH ROAD	CITY-ST-ZIP LAKE WORTH FL	14 CITY-ST-ZIP	
TITLE D	NAME MARK, JEANNIE	21 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 7757 LAKE WORTH RD	CITY-ST-ZIP LAKE WORTH FL	22 NAME	
TITLE D	NAME MARK, EDWARD	23 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 7757 LAKE WORTH RD	CITY-ST-ZIP LAKE WORTH FL	24 CITY-ST-ZIP	
TITLE D	NAME MARK, EDWARD	31 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 7757 LAKE WORTH RD	CITY-ST-ZIP LAKE WORTH FL	32 NAME	
TITLE D	NAME MARK, EDWARD	33 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 7757 LAKE WORTH RD	CITY-ST-ZIP LAKE WORTH FL	34 CITY-ST-ZIP	
TITLE D	NAME MARK, EDWARD	41 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 7757 LAKE WORTH RD	CITY-ST-ZIP LAKE WORTH FL	42 NAME	
TITLE D	NAME MARK, EDWARD	43 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 7757 LAKE WORTH RD	CITY-ST-ZIP LAKE WORTH FL	44 CITY-ST-ZIP	
TITLE D	NAME MARK, EDWARD	51 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 7757 LAKE WORTH RD	CITY-ST-ZIP LAKE WORTH FL	52 NAME	
TITLE D	NAME MARK, EDWARD	53 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 7757 LAKE WORTH RD	CITY-ST-ZIP LAKE WORTH FL	54 CITY-ST-ZIP	
TITLE D	NAME MARK, EDWARD	61 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 7757 LAKE WORTH RD	CITY-ST-ZIP LAKE WORTH FL	62 NAME	
TITLE D	NAME MARK, EDWARD	63 STREET ADDRESS	Change <input type="checkbox"/> Addition <input type="checkbox"/>
STREET ADDRESS 7757 LAKE WORTH RD	CITY-ST-ZIP LAKE WORTH FL	64 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Sue Mark* **SUE MARK** 3-11-97 561-642-8568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)