

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # K78652 (0)

1. Corporation Name  
LAMAN ACQUISITIONS, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JAN 24 PM 2:24

Principal Place of Business Mailing Address  
\* GARY LAMAN \* GARY LAMAN  
3020 SEVILLE STREET 3020 SEVILLE STREET  
FORT LAUDERDALE FL 33304 FORT LAUDERDALE FL 33304

DO NOT WRITE IN THIS SPACE.

|                                |                     |                                                                                         |                                                                     |
|--------------------------------|---------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified                                                       | 3a. Date of Last Report                                             |
| 21                             | 26                  | 04/07/1989                                                                              | 07/01/1994                                                          |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 4. FEI Number                                                                           | Applied For                                                         |
| 22                             | 27                  | 65-0128385                                                                              | Not Applicable                                                      |
| City & State                   | City & State        | 5. Certificate of Status Desired                                                        | \$8.75 Additional Fee Required                                      |
| 23                             | 28                  | <input type="checkbox"/>                                                                |                                                                     |
| Zip                            | Country             | 6. Election Campaign Financing Trust Fund Contribution                                  | \$5.00 May Be Added to Fees                                         |
| 24                             | 25                  | <input type="checkbox"/>                                                                |                                                                     |
|                                |                     | 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                                |                     | 29                                                                                      | 30                                                                  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAMAN, GARY P  
3020 SEVILLE STREET  
FORT LAUDERDALE FL 33304

|    |                                                    |
|----|----------------------------------------------------|
| 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

|                |                     |
|----------------|---------------------|
| TITLE          | D                   |
| NAME           | LAMAN, GARY         |
| STREET ADDRESS | 3020 SEVILLE STREET |
| CITY-ST-ZIP    | FORT LAUDERDALE FL  |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |
| TITLE          |                     |
| NAME           |                     |
| STREET ADDRESS |                     |
| CITY-ST-ZIP    |                     |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                                                                   |
| 1.3 STREET ADDRESS |                                                                   |
| 1.4 CITY-ST-ZIP    |                                                                   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                                                                   |
| 2.3 STREET ADDRESS |                                                                   |
| 2.4 CITY-ST-ZIP    |                                                                   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |                                                                   |
| 3.3 STREET ADDRESS |                                                                   |
| 3.4 CITY-ST-ZIP    |                                                                   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |                                                                   |
| 4.3 STREET ADDRESS |                                                                   |
| 4.4 CITY-ST-ZIP    |                                                                   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                                                                   |
| 5.3 STREET ADDRESS |                                                                   |
| 5.4 CITY-ST-ZIP    |                                                                   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |                                                                   |
| 6.3 STREET ADDRESS |                                                                   |
| 6.4 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 110.07(3)(k), Florida Statutes. I further certify that the information indicated in 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 a 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, unchanged, or in an appointment with an addressee.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Print Name)