

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M11876 (3)

1. Corporation Name

LAW-MAR INC.

Principal Place of Business

C/O BARRY ALAN WILEN
4601 SHERIDAN STREET, #208
HOLLYWOOD FL 33021

Mailing Address

C/O BARRY ALAN WILEN
4601 SHERIDAN STREET, #208
HOLLYWOOD FL 33021

FILED

97 JAN -2 AM 11:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		02/27/1985		08/24/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2504362		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23		28		☐		5.00 May Be Added to Fees	
Zip		Zip		6. Election Campaign Financing		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24		29		Trust Fund Contribution		☐ Yes ☐ No	
County		County		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		☐ Yes ☐ No	
25		30					

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILEN, BARRY ALAN
4601 SHERIDAN STREET
SUITE 208
HOLLYWOOD FL 33021

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 607.0506, Florida Statutes.

SIGNATURE Barry Wilen 12-28-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's name is required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D MORRIS, KENNETH J.	1.1 TITLE	
NAME	4260 NW 107 AVE	1.2 NAME	
STREET ADDRESS	CORAL SPRINGS FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DV MORRIS, LAUREL E.	2.1 TITLE	
NAME	4260 NW 107 AVE	2.2 NAME	
STREET ADDRESS	CORAL SPRINGS FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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: Barry Wilen 12-1-96 954-7530090

CR2E034 (12/95)