

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M71416 (5)

1. Corporation Name
ROBERT LAMALIE INC.



Principal Place of Business
**850 S. COLLIER BLVD.
MARCO ISLAND FL 33937**

Mailing Address
**850 S. COLLIER BLVD.
MARCO ISLAND FL 33937**

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified
03/07/1988

3a. Date of Last Report
02/06/1995

4. FEI Number
65-0038997

Applied For
Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**LAMALIE, ROBERT E.
850 S. COLLIER BLVD.
MARCO ISLAND FL 33937**

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

Signature of registered agent or officer, director, or trustee

Name of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

12.1 NAME DELETE

**D LAMALIE, ROBERT E.
850 S. COLLIER BLVD
MARCO ISLAND FL**

12.2 NAME DELETE

**D LAMALIE, DOROTHY M.
850 S. COLLIER BLVD
MARCO ISLAND FL**

12.3 NAME DELETE

12.4 NAME DELETE

12.5 NAME DELETE

12.6 NAME DELETE

12.7 NAME DELETE

12.8 NAME DELETE

12.9 NAME DELETE

12.10 NAME DELETE

12.11 NAME DELETE

12.12 NAME DELETE

12.13 NAME DELETE

12.14 NAME DELETE

12.15 NAME DELETE

12.16 NAME DELETE

12.17 NAME DELETE

12.18 NAME DELETE

12.19 NAME DELETE

12.20 NAME DELETE

12.21 NAME DELETE

12.22 NAME DELETE

12.23 NAME DELETE

12.24 NAME DELETE

12.25 NAME DELETE

12.26 NAME DELETE

12.27 NAME DELETE

12.28 NAME DELETE

12.29 NAME DELETE

12.30 NAME DELETE

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE Change Addition

13.2 NAME

13.3 STREET ADDRESS

13.4 CITY- ST- ZIP

13.5 TITLE Change Addition

13.6 NAME

13.7 STREET ADDRESS

13.8 CITY- ST- ZIP

13.9 TITLE Change Addition

13.10 NAME

13.11 STREET ADDRESS

13.12 CITY- ST- ZIP

13.13 TITLE Change Addition

13.14 NAME

13.15 STREET ADDRESS

13.16 CITY- ST- ZIP

13.17 TITLE Change Addition

13.18 NAME

13.19 STREET ADDRESS

13.20 CITY- ST- ZIP

13.21 TITLE Change Addition

13.22 NAME

13.23 STREET ADDRESS

13.24 CITY- ST- ZIP

13.25 TITLE Change Addition

13.26 NAME

13.27 STREET ADDRESS

13.28 CITY- ST- ZIP

13.29 TITLE Change Addition

13.30 NAME

13.31 STREET ADDRESS

13.32 CITY- ST- ZIP

13.33 TITLE Change Addition

13.34 NAME

13.35 STREET ADDRESS

13.36 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 registrar 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, if an address.

SIGNATURE:

Robert E. Lamalie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

(941) 642-8721

CR2E034 (12/95)