

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P30634** (0)  
1. Corporation Name  
**THE LANMAN COMPANIES, INC.**



Principal Place of Business: **21 N. TEXAS AVENUE ORLANDO FL 32805 US**  
Mailing Address: **120 Q STREET N.E. WASHINGTON D. 20002 US**

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22. City & State: 27  
23. Zip: 24  
25. Country: 25  
29. Country: 30

3. Date Incorporated or Qualified: **08/21/1990**  
3a. Date of Last Report: **06/21/1995**  
4. FEI Number: **52-1531951**  
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:  
**BRACH, ROBERT W  
4560 L B MCLEOD RD  
SUITE 120  
ORLANDO FL 32811**

10. Name and Address of New Registered Agent:  
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 607.0602 and 607.1806, 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

11. TITLE	CEO	<input type="checkbox"/> DELETE
12. NAME	BURTON, ROBERT G.	
13. STREET ADDRESS	101 PARK AVENUE	
14. CITY - ST - ZIP	NEW YORK NE	
15. TITLE	VC	<input type="checkbox"/> DELETE
16. NAME	REISCH, MARC L.	
17. STREET ADDRESS	101 PARK AVENUE	
18. CITY - ST - ZIP	NEW YORK NE	
19. TITLE	DP	<input checked="" type="checkbox"/> DELETE
20. NAME	CUNNINGHAM, THOMAS F.	
21. STREET ADDRESS	120 Q STREET NE	
22. CITY - ST - ZIP	WASHINGTON DC	
23. TITLE	V	<input type="checkbox"/> DELETE
24. NAME	ZERRUSEN, RAYMOND B.	
25. STREET ADDRESS	101 PARK AVENUE	
26. CITY - ST - ZIP	NEW YORK NE	
27. TITLE	VT	<input type="checkbox"/> DELETE
28. NAME	FRANK E SILVESTRO	
29. STREET ADDRESS	120 Q STREET NE	
30. CITY - ST - ZIP	WASHINGTON DC	
31. TITLE	AT	<input type="checkbox"/> DELETE
32. NAME	LERNER, JAMES	
33. STREET ADDRESS	120 Q STREET NE	
34. CITY - ST - ZIP	WASHINGTON DC 20002	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. NAME	ADAMS, JENNIFER	
13. STREET ADDRESS	101 PARK AVENUE	
14. CITY - ST - ZIP	NEW YORK - NY - 10178	
15. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME		
17. STREET ADDRESS		
18. CITY - ST - ZIP		
19. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. NAME		
21. STREET ADDRESS		
22. CITY - ST - ZIP		
23. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
24. NAME		
25. STREET ADDRESS		
26. CITY - ST - ZIP		
27. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
28. NAME		
29. STREET ADDRESS		
30. 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: *Marc Reisch* MARC REISCH a/6/96 212-986-2440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)