FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED
AND
FILED

95 MAY -1 AM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P37300** **(1)**

1. Corporate Name
LORIMARK, INC.

Principal Place of Business
2701 SW 2ND AVE
FT. LAUDERDALE FL 33315
US

Mailing Address
P.O. BOX 3629
TULSA OK 74104-3629

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/30/1992**
3a. Date of Last Report: **01/31/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
County
30

4. FEI Number: **73-1397162**
☐ 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

7. Was corporation has liability for corporate tax under s. 220.13, Florida Statutes ☐ Yes **XX** No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 Section 607.0502, 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. The substance with 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 [illegible], Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	TITLE	☐ Change ☐ Addition
NAME	SIEGFRIED, ROBIN	NAME	
STREET ADDRESS	6930 NORTH LAKEWOOD	STREET ADDRESS	
CITY ST ZIP	TULSA OK	CITY ST ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	SIEGFRIED, CHERRIE	NAME	
STREET ADDRESS	6930 N. LAKEWOOD	STREET ADDRESS	
CITY ST ZIP	TULSA OK	CITY ST ZIP	
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	RICHMAN, RON	NAME	
STREET ADDRESS	6930 NORTH LAKEWOOD	STREET ADDRESS	
CITY ST ZIP	TULSA OK	CITY ST ZIP	
TITLE	T	TITLE	☐ Change ☐ Addition
NAME	STEPHENS, TOM	NAME	
STREET ADDRESS	6930 N. LAKEWOOD	STREET ADDRESS	
CITY ST ZIP	TULSA OK	CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY ST ZIP		CITY ST ZIP	

14. To 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 above, or on an attachment with an address.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date (Required)

0480702 FP