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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P38806 (6)

1. Corporation Name

LAMAR DEVELOPMENT, INC.



Principal Place of Business

Mailing Address

365 SOUTH STREET
MORRISTOWN NJ 07960

365 SOUTH STREET
MORRISTOWN NJ 07960

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARMOUR, ALAN I., ESQ.
1645 PALM BEACH LAKES BLVD
SUITE 1200
WEST PALM BEACH FL 33401

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 607.1536, 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 the date above

(Print Name of Agent Signature Required When Registered)

DATE

12. OFFICERS AND DIRECTORS

TITLE CV ☐ DELETE

NAME KALKUS, PETER
STREET ADDRESS 365 SOUTH STREET
CITY-STATE-ZIP MORRISTOWN NJ

TITLE P ☐ DELETE

NAME LANG, LARRY C.
STREET ADDRESS 365 SOUTH STREET
CITY-STATE-ZIP MORRISTOWN NJ

TITLE S ☐ DELETE

NAME QUINN, JACQUELINE S.
STREET ADDRESS 365 SOUTH STREET
CITY-STATE-ZIP MORRISTOWN NJ

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

MORRISTOWN, NJ 07960

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

VP

MORRISTOWN, NJ 07960

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

QUINN, JACQUELYN S.

07960

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

P

KALKUS, MARK P.
365 SOUTH STREET
MORRISTOWN NJ 07960

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

VP

DUNN, MARK
365 SOUTH STREET
MORRISTOWN, NJ 07960

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JACQUELYN S. QUINN

4/24/96

201-285-0660

Daytime Phone #

CR2E034 (12/95)