

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 # P92000010505 (5)

1. Corporation Name

LAW OFFICES OF BARBARA J. LAMARR, P.A.



Principal Place of Business

1777 S ANDREWS AVE #203
FT LAUDERDALE FL 33316

Mailing Address

1777 S ANDREWS AVE #203
FT LAUDERDALE FL 33316

3. Date Incorporated or Qualified
12/07/1992

3a. Date of Last Report
02/14/1995

2. Principal Place of Business

21 2601 E. Oakland Pk Blvd

2a. Mailing Address

26 2601 E. Oakland Pk Blvd

4. FEI Number

65-0425287

Applied For

Not Applicable

Suite, Apt. #, etc.

22 501

Suite, Apt. #, etc.

27 501

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

23 Ft. Lauderdale FL

City & State

28 Ft. Lauderdale, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip

24 33306

Country

25 USA

Zip

29 33306

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHAPIRO, NOREEN
1777 S ANDREWS AVE
STE 203
FT LAUDERDALE FL 33316

81 Name

NOREEN SCHAPIRO

82 Street Address (P.O. Box Number is Not Acceptable)

2601 E. Oakland Park Blvd

83

Suite 501

84

Ft. Lauderdale

FL

85 Zip Code

33306

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 607.0105, Florida Statutes.

SIGNATURE *Noreen K. Schapiro*

3/12/96

(Signature typed or printed name of registered agent and address of applicant)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME LAMARR, BARBARA J
STREET ADDRESS 2856 NE 35 CT
CITY-ST-ZIP FT LAUDERDALE FL 33308

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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: *Barbara Lamarr* BARBARA LAMARR 3/12/96 3055685158

(Signature and typed or printed name of signing officer or director)

Date

Daytime Phone #

CR2E034 (12/95)