

**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 # P93000023526 (5)

1. Corporation Name  
**LAMAR REALTY CORPORATION**



Principal Place of Business: 500 PALMM ST #28, W. PALM BEACH FL 33401, US  
Mailing Address: P.O. BOX 2533, W. PALM BEACH FL 33402, US

3. Date Incorporated or Qualified: 03/26/1993  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21 10050 LEXINGTON CIR N  
2a. Mailing Address: 26 10050 LEXINGTON CIR N

4. FEI Number: 65-0453672  
Applied For: Not Applicable

Suite, Apt. #, etc.: 22  
Suite, Apt. #, etc.: 27

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

City & State: 23 BOYNTON BEACH  
City & State: 28 BOYNTON BEACH

6. Election Campaign Financing:  \$5.00 May Be Added to Fees

Zip: 24 33436  
Country: 25 Palm Beach  
Zip: 29 33436  
Country: 30 Palm Beach

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

9. Name and Address of Current Registered Agent  
**FINKELSTEIN, LARRY**  
500 PALM ST #28  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable): 10050 LEXINGTON CIR N  
83  
84 City: BOYNTON BEACH FL 85 Zip Code: 33436

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]* (NOTE: Registered Agent signature required when reinstating) DATE: 4-22-96

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	FINKELSTEIN, LARRY
STREET ADDRESS	600 PALM ST #28
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	10050 LEXINGTON CIR N
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33436
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: *[Signature]* President DATE: 4-22-96 DAYTIME PHONE #: 407-736-9790