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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR - 1 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000037062 (5)

1. Corporation Name

LAM MARINE CORP.

Principal Place of Business

JAN BELL MARKETING INC.
13801 NW 14TH STREET
SUNRISE FL 33323

Mailing Address

JAN BELL MARKETING INC.
13801 NW 14TH STREET
SUNRISE FL 33323

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/21/1993

3a. Date of Last Report
03/24/1994

4. FEI Number
65-0423818

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

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

2. Principal Place of Business

21 2121 PONCE DE LEON BLVD

2a. Mailing Address

26 2121 PONCE DE LEON BLVD

Suite, Apt., B, etc.

22 Suite 1100

Suite, Apt., B, etc.

27 Suite 200

City & State

23 CORAL GABLES

City & State

28 CORAL GABLES

24 33134

Country
USA

29 33134

Country
USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S 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 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 of person or persons authorized to act as registered agent and the corporation)

(NOTE: Registered Agent signature required when registering)

DATE:

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MILLS, LEE A.
STREET ADDRESS CO JAN-BELL MARKETING, 13801 NW 14TH ST.
CITY, ST, ZIP SUNRISE FL

TITLE VPD
NAME ARRASACETA, GRACE
STREET ADDRESS C/O JAN-BELL MARKETING, 13801 NW 14TH ST.
CITY, ST, ZIP SUNRISE FL

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 2121 PONCE DE LEON BLVD Suite 1100

1.4 CITY - ST - ZIP CORAL GABLES FL 33134

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME L. A. DOBTO

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 190.02(5)(b), 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEE A. MILLS