FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P93000063710 (6)

LORIM	CO INC.					.
Principal Plac	e of Business	Mailing Address				A SHOO HAR IDDAY HOW OF HEST
BIG PINE KE		93 VIDAL AVE				
B45-47	I FLEM MINI	E. FALMOUTH MA 025	36			
BIG PINE KEY FL 33043		US	US		DO NOT WRITE IN TH	HIS SPACE
U\$					3. Date Incorporated or Qualified	
A D' 10	No To	The second second			09/07/1993 4. FEI Number	
2. Principal Place of Business		2a. Mailing Address			Applied For Not Applicable	
Suite, Apt.	#. etc.	Suite, Apt #, etc.		65-0436497	\$8.75 Additional	
22	, 21	27			5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zφ	Cour	ntry	8. This corporation owes or has paid the	
24	25	[29]	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Registered Agent		B1 Name	10. Name and Address of New Register	ed Agent
	NGELHEIM, ALLAN		[
	20 NE 1 CT			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
	T 216		-	83		
DU	DYNTON BEACH FL 33312					
			Ī	84 City		85 Zip Code
11 Purcuant	to the provisions of Sections 607.0	ISA2 and GA7 15AB Elevida Stat	utos the ab	ove-pamod cor		
office or a	egistered agent, or both, in the St	ite of Horida. Such change was	s authorized	by the corpora	poration submils this statement for the purposition's board of directors. I hereby accept the	appointment as registered
agent La	im familiar with, and accept the ob-	agations of, Section 607.0505, I	Florida Statu	ites		
SIGNATURE	Signature, typed or probled haine of regestered in	attent and Olicid analysalors (N	OU Begistered	Anoot signature tegu	ired when reinstating) DA	if ·
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	
TITLE	P	DELETE	1.1 TIT	.F		Change Addition
NAME	RINGELHEJM, ALLAN		1.2 NA	AE .		
STREET ADDRESS	26 20 NE 1ST CT.		1.3 STF	FFT ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL		1.4 CIT	Y - S1 - ZIP		
TITLE	∀P	☐ DELETE	2.1 TiTi	£		Change Addition
NAME	R INGELHEIM, ILENE		2.2 NA	NE .	•	
STREET ADDRESS	2620 NE 1ST CT.		2.3 S1F	EET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL		2. 4 CI	Y-ST-ZIP		
TITLE	Ţ	DELETE	3.1 TH	E		Change Addition
NAME	RINGELHEIM, ALLAN		3.2 NA	AF		
STREET ADDRESS	2620 NE 1ST CT		3.3 STR	EET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH FL	*		Y-ST-ZIP		
TITLE	8	☐ DELETE	4.1 1111			L Change Addition
NAME	RINGELHEIM, ILENE		4. 2 NA			
STREET ADDRESS	2620 NE 1ST CT		l l	EET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL	DELETE		Y-S1-ZIP		Change Ladding
TITLE		DELETE	5.1 TITE	i		Change Addition
NAME			5.2 NA			
STREET ADDRESS			1	FET ADDRESS		
CITY+ST-ZIP		DELETE	5.4 CiT 6.1 TiTL	r-ST-ZIP		Change Addition
TITLE		ב_ טנננונ		Į.		E Orlango E Admittol
NAME OTDERY ADDRESS			6.2 NA/			
STREET ADDRESS				EET ADDRESS Y-ST-ZIP		
CITY-ST-ZIP			0.4 UH	1-31-217		

14. Thereby 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 supplement annual report is true and accurate and that my signature shall have the same logal effect as if made under oath, that I am an officer or director of the corporation or the processor director of the corporation or the processor director of the corporation or the processor of trustee empowered to execute this report as required by Chapter 607, Blorida Statutes; and that my name appears in Block 12 or Block 13 if changed are on any title himself with an address.

FILED

May 18 1998 8:00am

Secretary of State