

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

FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000011639 (9)

1. Corporation Name  
LAMB MARKETING, INC.



Principal Place of Business  
1900 SW 85TH AVE.  
NORTH LAUDERDALE FL 33068

Mailing Address  
1900 SW 85TH AVE.  
NORTH LAUDERDALE FL 33068-4736

3. Date Incorporated or Qualified 01/31/1994	3a. Date of Last Report 04/16/1996
4. FEI Number 65-0546163	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 85 ISLAND DRIVE SOUTH Suite, Apt. #, etc.	26 85 ISLAND DRIVE SOUTH Suite, Apt. #, etc.
22 City & State OCEAN RIDGE, FL	27 City & State OCEAN RIDGE, FL
23 Zip 33435	28 Zip 33435
25 Country	30 Country

9. Name and Address of Current Registered Agent

LAMB, OWEN  
1900 SW 85TH AVE.  
NORTH LAUDERDALE FL 33068

10. Name and Address of New Registered Agent

81 Name LAMB, OWEN	85 Zip Code 33435
82 Street Address (P.O. Box Number is Not Acceptable) 85 ISLAND DRIVE SOUTH	
83	
84 City OCEAN RIDGE	
86 State FL	

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: *OWEN LAMB, PRESIDENT* (NOTE: Registered Agent signature required when reinstating) DATE: 6 APR 97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE D, P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LAMB, OWEN		1.2 NAME LAMB, OWEN	
STREET ADDRESS 1900 SW 85TH AVE.		1.3 STREET ADDRESS 85 ISLAND DRIVE SOUTH	
CITY-ST-ZIP NORTH LAUDERDALE FL 33068		1.4 CITY-ST-ZIP OCEAN RIDGE, FL 33435	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby 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 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: *OWEN LAMB, PRESIDENT* DATE: 6 APR 97 (61) 733 2584

CR2E034 (9/96)