

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000037958 (3)
 1. Corporation Name
LAMB BUSINESS ASSISTANCE INC.



Principal Place of Business 747 WHIPPOORWILL LANE DELRAY BEACH FL 33445 US	Mailing Address 747 WHIPPOORWILL LANE DELRAY BEACH FL 33445 US
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3. Date Incorporated or Qualified 05/16/1994	3a. Date of Last Report 04/21/1995
4. FEI Number 65-0497632	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**LAMB, RICHARD E
 747 WHIPPOORWILL LANE
 DELRAY BEACH FL 33445**

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: *Richard E. Lamb* *President* DATE: **4/28/97**
(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LAMB, RICHARD E.		1.2 NAME
STREET ADDRESS 747 WHIPPOORWILL LANE		1.3 STREET ADDRESS
CITY-ST-ZIP DELRAY BEACH FL		1.4 CITY-ST-ZIP
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

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14. Each officer, director, and registered agent who signs this filing is voluntarily furnishing and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information furnished in 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. I understand that the filing of this report or supplemental report is required by Chapter 607, Florida Statutes, and that my failure to file this report or supplemental report may result in the corporation being deemed to have abandoned its right to do business in this state.

SIGNATURE: *Richard E. Lamb* **RICHARD E. LAMB** DATE: **4/28/97** 561-498-9198