

**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 # P95000059977 (5)

1. Corporation Name  
THE LAMCO GROUP, INC.



Principal Place of Business		Mailing Address	
2374 POST ROAD WARWICK RI 02886		2374 POST ROAD WARWICK RI 02886	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	3a. Date of Last Report
21 201 S. Orange Avenue	25 201 S. Orange Avenue	05-0452650	N/A
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	Applied For
22 Suite 1210 1205	27 Suite 1210 1205	<input type="checkbox"/>	Not Applicable
City & State	City & State	6. Election Campaign Financing	\$8.75 Additional Fee Required
23 Orlando, FL	28 Orlando, FL	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	29 32801	30
24 32801	25	6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		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 607.0602 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, typed or printed name of registered agent and title if applicable. (NO L Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P, D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMORIELLO, NICHOLAS J	1.2 NAME	Mark Lamoriello
STREET ADDRESS	2374 POST ROAD	1.3 STREET ADDRESS	2374 Post Road
CITY-ST-ZIP	WARWICK RI 02886	1.4 CITY-ST-ZIP	Warwick RI 02886
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP, T, S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMORIELLO, PAULA A	2.2 NAME	Nicholas J. Lamoriello
STREET ADDRESS	2374 POST ROAD	2.3 STREET ADDRESS	2374 Post Road
CITY-ST-ZIP	WARWICK RI 02886	2.4 CITY-ST-ZIP	Warwick, RI 02886
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELLS, MARY A	3.2 NAME	
STREET ADDRESS	2374 POST ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	WARWICK RI 02886	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRODIE, NANCY	4.2 NAME	
STREET ADDRESS	2374 POST ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	WARWICK RI 02886	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPPELL, ROBERT	5.2 NAME	
STREET ADDRESS	2374 POST ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	WARWICK RI 02886	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ILLOWAYL, L. STOCKTON	6.2 NAME	
STREET ADDRESS	2374 POST ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	WARWICK RI 02886	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: \_\_\_\_\_ Nicholas J. Lamoriello 407-481-9450  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)