## P96000006063

PROFESSIONAL ASSOCIATION
321 SOUTHEAST 15TH AVENUE
FORT LAUDERDALE, FLORIDA 33301

TELEPHONE (954) 467-2000 FACSIMILE (954) 467-2306

DAVID G. MURRAY WALTER B. SCHNEIDER 06

MAILING ADDRESS
POST OFFICE BOX 2427
FORT LAUDERDALE, FLORIDA 33303

April 6, 2000

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, FL 32301

RE: LOR-MAR, INC.

Dear Sirs/Madam:

Enclosed please find Resignation of Registered Agent, Certificate of Designation and a check in the amount of \$35.00 representing the fee for filing same, on behalf of the above-referenced corporation.

Please provide confirmation of filing and/or receipt of same to this office at your earliest convenience. Feel free to contact me with any questions.

Thank you.

Very truly yours,

Janet F. Jarvis

jj enclosure

LAW OFFICES DAVID G. MURRAY PROFESSIONAL ASSOCIATION 321 SOUTHEAST, 15TH AVENUE FORT LAUDERDALE, FLORIDA 33301 TELEPHONE (954) 467-2000 FACSIMILE (954) 467-2306 DAVID G. MURRAY MAILING ADDRESS POST OFFICE BOX 2427 WALTER B. SCHNEIDER FORT LAUDERDALE, FLORIDA 33303 🗔 April 6, 2000 Secretary of State Division of Corporations P.O. Box 6327

Tallahassee, FL 32301

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## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 18, 2000

DAVID G. MURRAY ATTN: JANET F. JARVIS 321 SOUTHEAST 15TH AVENUE FORT LAUDERDALE, FL 33301

SUBJECT: LOR-MAR, INC. Ref. Number: P96000006063

We have received your document for LOR-MAR, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6957.

Doug Spitler Document Specialist

Letter Number: 100A00021183

RECEIVED OO MAY -5 AM 8: 58 DIVISION OF CORPORATIONS

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.  1. The name of the corporation:  LOR-MAR, INC.  2. The mailing address of the corporation:  4299 West Commercial Blvd., |  |   |                              |                                       |                                     |                          |                    |                |         |              |              |
|--|--|---|------------------------------|---------------------------------------|-------------------------------------|--------------------------|--------------------|----------------|---------|--------------|--------------|
|  |  |   |                              |                                       |                                     |                          |                    | Tamarac, I     | florida | 33319        |              |
|  |  |   |                              |                                       |                                     | 3. Date of incorporation | qualification: Jar | nuary 19, 1996 | Docum   | nent number: | P96000006063 |
| 4. The name and address  | of the current regi                        | stered agent and                        | registered                   | office:                               |                                     |                          |                    |                |         |              |              |
|  | Saul Marmal                                | stein                                   |                              |                                       | Per -                               |                          |                    |                |         |              |              |
|  | 4299 West C                                | Commercial Blv                          | 7d.                          |                                       |                                     |                          |                    |                |         |              |              |
|  | Tamarac, F                                 | L 33319 -                               |                              |                                       |                                     |                          |                    |                |         |              |              |
| 5. The name and address  | of the new registe                         | red agent (if char                      | nged) and /                  | or registered o                       | office (if changed):                |                          |                    |                |         |              |              |
|  | Marilyn Zvi                                |   |                              |                                       |                                     |                          |                    |                |         |              |              |
|  | 4299 West C                                | Commercial Blv                          | 7d.                          |                                       | 08                                  |                          |                    |                |         |              |              |
|  | Tamarac, F                                 | L 33319                                 | -=                           | · · · · · · · · · · · · · · · · · · · | <b>D</b> '''                        |                          |                    |                |         |              |              |
| The street address of its  | registered office                          | and the street ad                       | dress of th                  | e business of                         | fice of its registered              |                          |                    |                |         |              |              |
| agent, as changed, will l<br>Such change was author  |  | a duly adopted b                        | v its hoard                  | of directors                          | or hy an officer so                 |                          |                    |                |         |              |              |
| Such change was author<br>authorized by the board  | 1-07                                       | , , , ,                                 | , oom o                      |                                       | * A Section of the fig.             |                          |                    |                |         |              |              |
|  | Mora                                       | Am-                                     | <u> </u>                     | 4-                                    | -24-00                              |                          |                    |                |         |              |              |
| (Signature of an office  | er, chairman or vice ch                    | airman of the board)                    |                              | (                                     | Date)                               |                          |                    |                |         |              |              |
| ZION ZVI, Vice   | President                                  | U                                       |                              |                                       |                                     |                          |                    |                |         |              |              |
|  | ted or typed name and                      | title)                                  |                              |                                       |                                     |                          |                    |                |         |              |              |
| Having been named as to<br>corporation, I hereby ac<br>further agree to compl<br>performance of my dutie   | ccept the appointn<br>v with the provision | nent as reģistere<br>ons of all statute | ed agent an<br>es relative i | d agree to ac<br>to the proper        | t in this capacity.<br>and complete |                          |                    |                |         |              |              |
| egistered agent.   | '  |   | opi ine co.                  | / / /                                 | poomon as                           |                          |                    |                |         |              |              |
| Annely   | v. Zui                                     |   |                              | 1-24-                                 | 00                                  |                          |                    |                |         |              |              |
| (Signature of  | Registered Agent)                          |   |                              | (Date)                                |                                     |                          |                    |                |         |              |              |
| f signing on behalf of an en   | tity:                                      |   |                              |                                       |                                     |                          |                    |                |         |              |              |
| MARILYN ZVI  |  |   |                              |                                       |                                     |                          |                    |                |         |              |              |
|  | inted Name)                                |   |                              | (Capacity)                            |                                     |                          |                    |                |         |              |              |

DIVISION OF CORPORATIONS

P.O. Box 6327

\* \* \* FILING FEE: \$35.00 \* \* \*

TALLAHASSEE, FL 32314