## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

UNIFORM DUSINESS REPORT	(ODN)
DOCUMENT # P96000020346  1. Entity Name LAMARA MOTEL CORP.	
	02 APR 25 PM 3: 45
DO NOT WRITE IN THIS SP	THE OWNER CTATE
2. Principal Place of Business 3. Mailing Address 4. Suite, Apt. #, etc.	OUCH LANE  DO NOT WRITE IN THIS SPACE OF SIA
City & State BRADENTON FL. City & State BRADENTO	Applied For S9/3365717 Not Applicable
Zip Country Zip 34202 USA 34202	Country  5. Certificate of Status Desired   \$8.75 Additional Fee Required
	7. Name and Address of Current Registered Agent
DO NOT WRITE	Street Address (R.O. Box Number is Not Acceptable)
IN THIS SPACE	7117 DORNOUGH LANE
	CITY BRADENTON FL 349202
8. The above named entity submits this statement for the purpose of changing its re-	registered office or registered agent, or both, in the State of Florida.
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: F	Registered Agent signature required with reinstating)  H20/02  DATE
Tax filing requirement and elects to do so.  After May 1.  Amended	ay 1 Fee is \$150.00 I, Fee is \$550.00 UBR is \$61.25 e to Department of State  10. Election Campaign Financing Trust Fund Contribution.  35.00 May Be Trust Fund Contribution.  Added to Fees
11. OFFICERS AND DIRECTORS	
NAME OMANDA M. JOHNSON	TIFLE NAME
STREET ADDRESS 7117 DORNOVEH LANE CITY-ST-ZIP BRADENTON FL 34202	TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE -05/02/02-01038-022 NAME NAME TO STANDARD STANDAR
TITLE V/T	500005431255 3 S
NAME ROBERT C. JOHNSON STREET ADDRESS THE DORNOUGH LANE	****150.00 ****150.00
STREET ADDRESS 7117 DORNOUGH LANE CITY-ST-ZIP BRADENTON FL 34202	CITY-ST-ZIP
TITLE NAME	TIFLE NAME
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP DO NOT WRITE
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NAME STREET ADDRESS	NAME STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
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TITLE .	TITLE
NAME STREET ADDRESS	NAME STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP
indicated on this report or supplemental report is true and accurate and that my of the corporation or the receiver or trustee empowered to execute this report a	the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information y signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an MDA THARE TOTHISON
SIGNATURE: Ahmen	PRESIDENT) 4/20/02 727 360 6615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE NOR	