

5-5-97 B-6246 C  
 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 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 # P96000039231 (1)

1. Corporation Name

LAM MARKETING, INC.

Principal Place of Business

841 HICKORY KNOLL CT.  
 APOPKA FL 32712

Mailing Address

841 HICKORY KNOLL CT.  
 APOPKA FL 32712-8101



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

HEARN, ALBERT H  
 841 HICKORY KNOLL CT.  
 APOPKA FL 32712

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 607.0102 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 607.0105, Florida Statutes.

SIGNATURE

Signature type and procedure for filing: See instructions on back of form, if applicable.

(NOTE: Registered Agent signature required when filing change)

DATE

12.

OFFICERS AND DIRECTORS

TITLE	D	DELETE
NAME	HEARN, ALBERT H	
STREET ADDRESS	841 HICKORY KNOLL CT.	
CITY - ST - ZIP	APOPKA FL 32712	
TITLE	D	DELETE
NAME	HEARN, MARY AN	
STREET ADDRESS	841 HICKORY KNOLL CT.	
CITY - ST - ZIP	APOPKA FL 32712	
TITLE	D	DELETE
NAME	HEARN, MYRLEE H	
STREET ADDRESS	1453 OAK PLACE	
CITY - ST - ZIP	APOPKA FL 32712	
TITLE	D	DELETE
NAME	CHILDS, LEE	
STREET ADDRESS	612 ROSEMARIE AVE.	
CITY - ST - ZIP	BRANDON FL 33511	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DITIS HEARN, ALBERT H	
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	DIV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	HEARN, MARY ANN	
23 STREET ADDRESS		
24 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	DIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	CHILDS, LEE	
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	CHILDS, CARTER HUGH	
53 STREET ADDRESS	504 CLARA DR.	
54 CITY - ST - ZIP	BRANDON, FL 33510	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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: [Signature] 1/00/97 4/24/97 8/12/11-8208

CR2E034 (9/96)