PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 27 1997 8:00am Secretary of State

1997

DOCUMENT # PORODOS3544 (8)

LAMBE	ERT AND PERRIMAN AUTO SA	• •			
;				3. Date Incorporated or Qualified 3 06/24/1996	a. Date of Last Report
2. Principal	Prace of Business 2 Funston Street	2a. Mailing Address 26 5772 Pw	stow street	4. FEI Number 65-06818841	Applied For Not Applicable
Suite, Ar	it #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Cryj& Şi	YWOOD FL	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
² ₁₀ 24 330	Country	7 _I p	Country 30	This corporation has liability for intaction of the state of the	ogitole tax under s. 199.032, is ☐ No
	Name and Address of Curren	t Registered Agent		10. Name and Address of New Registe	ared Agent
LA	MBERT, RODNEY		81 Name		
5772 FUNSTON STREET HOLLYWOOD FL 33023			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
			83		**************************************
			84 City		FL 85 Zip Code
SIGNATURI	f Signative typestor protestoane streget bedage	or and the dispplicable (No	OTE Registered Agent signature requ		ATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	LAMBERT, RODNEY	DELETE	1.1 TOLE		Change
NAME	ETTA PUNICYON OTREET		1.2 NAME		
SPREET ADDRES	HOLLYWOOD FL 33023		1.3 STREET ADDRESS		8
CITY - ST - ZIP	V	T DELETE	1 4 CITY~\$T-ZIP		Change Addition
NAME	PERRIMAN, BRETT		22 NAME	·	LLI ONLINGO LLI MONIONI
STREET ADDRES	KTTO PUNICTON OTDECT		23 STREET ADDRESS		
CHY-S1-ZiF	HOLLYWOOD FL 33023		2 4 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		Change Addition
NAME			3.2 NAM€		
STREET ADORES	is		3.3 STREET ADDRESS		
DITY-ST-7IP			3.4. CITY - ST - ZIP		
TOTALE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRES	26		4.3 STREET ADDRESS		
CITY-ST ZIP		I britte	4.4 CITY - ST - ZIP		Change Addition
TILLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRES	35		5.3 STREET ADDRESS		
CITY ST-7P		DELETE	5.4 CITY - ST-ZIP 6.1 TITLE		Change Addition
Till E NAME			62 NAME		Fi Armida Fi variable
I PUSTICE	1		■ O C DETAINE		

64 CHY-ST-ZIP 14. If do he chy 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 in the receiver or furstee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 1 changel for on an attachment with an address.

63 STREET ADDRESS

SIGNATURE:

STREET ADDRESS.

CITY - S1 - ZIF