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FILED  
Feb 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000093880 (7)

1. Corporation Name

LAMAR HOMES, INC.



Principal Place of Business

1515 S. FEDERAL HWY., SUITE 300  
BOCA RATON FL 33432

Mailing Address

1515 S. FEDERAL HWY., SUITE 300  
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

10/30/1997

4. FEI Number

Applied for

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30

Yes

No

9. Name and Address of Current Registered Agent

GILLESPIE, R. BOWEN III  
1515 S. FEDERAL HWY., SUITE 300  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

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 607.0502 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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME LAROCHE, RONALD L.  
STREET ADDRESS 10235 W. SAMPLE RD., SUITE 207  
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE D ☐ DELETE

NAME JENSEN, E. C.  
STREET ADDRESS P.O. BOX 8177  
CITY-ST-ZIP CORAL SPRINGS FL 33075

TITLE ☐ DELETE

NAME *President John G. Binder*  
STREET ADDRESS *11001 NW 32nd CT.*  
CITY-ST-ZIP *Coral Springs, FL 33065*

TITLE ☐ DELETE

NAME *V/P David Levine*  
STREET ADDRESS *2852 UNIVERSITY DR.*  
CITY-ST-ZIP *Coral Springs, FL*

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME *President*  
1.3 STREET ADDRESS *John G. Binder*  
1.4 CITY-ST-ZIP *11001 NW 32nd CT*  
*Coral Springs, FL 33065*

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME *V/P, S. T.*  
2.3 STREET ADDRESS *David Levine*  
2.4 CITY-ST-ZIP *2852 UNIVERSITY DR.*  
*Coral Springs, FL 33065*

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME *Director*  
3.3 STREET ADDRESS *Jensen, E.C.*  
3.4 CITY-ST-ZIP *4100 N. Powerline Rd. U-1*  
*Pompano Beach, FL 33073*

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 *VR* 1-20-98/65055 1275

CR2E034 (10/97)