## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S16218

(7)

LAMB ENTERPRISES, INC.

Principal Place of Business	Mailing Address			
37 SPANISH MAIN ST TAMPA FL 33609	37 SPANISH MAIN ST Tampa FL 33609-3534			

FILED									
May 02 199	97 8:00am								
Secretary	of State								



					3. Date Incorporated or Qualified 11/08/1990	3a. Date of 05/01/19		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	1 00/0 1/ 1	Applied For	
21		26			59-3056615	T T	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•		\$8	.75 Additional	
22		27			5. Certificate of Status Desired		ee Required	
City & Stat	0	City & State			6. Election Campaign Financing	\$:	<b>5.00</b> May Be	
23		28			Trust Fund Contribution		dded to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for in	ntangible tax ur	nder s. 199.032,	
24	25	29 30	o]			] Yes □ No		
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Reg	istered Agent		
BEN	nati, alvin a. Sr.		81	Name				
1719	W KENNEDY BLVD.		82 Street Ad		et Address (P.O. Box Number is Not Acceptable)			
TAM	PA FL 33606				tadious (1.10. Box Hamber is Not Neceptable)			
			83					
				O:t-				
	- ·		84	City		FL 85	Zip Code	
<ol> <li>Pursuant office or r</li> </ol>	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Statutes, of Florida, Such change was auth	the above	e-named corp the corporati	oration submits this statement for the pi	urpose of chan	ging its registered	
agent. I a	n lamilar with, and accept the blig	ations of Section 667 0505, Florid	ia Statutes		ion's board of directors. I hereby accep	2.1	/a -	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if application (NOTE: Re	<b>分し</b> り egistorud Ago	N 72- nt signature require	JOBANATI, DR.	4/28/	<u> </u>	
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRE	CTORS IN 12	
TATLE	PD	DELETE	1.1 TITLE				hange Addition	
NAME	Bennati, Marjorie		1.2 NAME					
STREET ADDRESS	1719 W KENNEDY BLVD		1.3 STREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL		1.4 CITY-S	T-71P				
TITLE	STD	DELETE	2.1 TITLE			□ CI	hange	
NAME	MANAGEMENT ALLEMAN A COM		2.2 NAME					
STREET ADDRESS	ARAG MATERIAL POLICY		2.3 STHEFT	ADDRESS				
CITY-ST-ZIP	TAMPA FL		2 4 City-5					
TITLE		DELETE	3 1 TITLE	····		Cr	hange Addition	
NAME			3.2 NAME					
STREET ADDRESS			3 9 STREET	ADDRESS		•		
CITY-ST-ZIP			34. CHY-S					
TITLE		DELETÉ	4 1 THILE	411		CI	hange Addition	
NAME		<b></b>	4. P NAME			ال ليما	Pa F Linguisti	
STREET ADDRESS		İ	4.3 STREET	AUUBECC				
CITY-ST-ZIP								
TITLE		DELETE	4.4 CHY-S 5.1 TITLE	1-217		CI	hange	
NAME			5.2 NAME			ں ب		
STREET ADDRESS				*DDBCCC				
			5.3 STREET					
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY - S 6.1 TITLE	1 - ZIP		——— Ci	hange Addition	
NAME						<b>_</b> U	ange [_] Audition	
			6.2 NAME					
STREET ADDRESS			6.3 STREE1	ADDRES\$			j	

14. I do hereby certify that the information supplied with this filling 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 of Brock 13 if changes or on arrangement with an address.