FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morlham Secretary of State

DIVISION OF CORPORATIONS

1996

1. Corporation Name

SIGNATURE:

DOCUMENT # \$58739

(1)

D. LAMM & CO., INCORPORATED

D. L.	AMM & CO., INCORPORE	אובט				
Principal Plac	e of Business	Mailing Address			I INEILUKU INI NIINI KENDA	
610 JASN	AINE ROAD	610 JASMINE RD	610 JASMINE RD			
SB ALTAMONTE SPRINGS FL 32701 US		\$-B	S-B ALTAMONTE SPRINGS FL 32701 US			
					3. Date Incorporated or Qualified 06/11/1991	3a. Date of Last Report 03/16/1995
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26			59-3067584	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	7		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State 23		City & State	28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zφ ∷⊓	Country	Zip	Count	ry .	8. This corporation has liability for	
24	25 9. Name and Address of Cur	zent Registered Agent	30		f lorida Statutes Ye 10. Name and Address of New	S No
	5, Name and Address of Cur	Telli negistered Ageilt	8	1 Name	TO. Name and Address of New	Registered Agent
LAMA	M, DAVID					
2815 NORRIS AVE.				82 Street Address (P.C. Box Number is Not Acceptable)		
ORLANDO FL 32803					su ricea e	77.00
			_			1-120
	_		8	1 City W	inter Park	FL 85 32789
11. Pursuant	to the provisions of Sections 37.0	502 and 607.1508, Florida Statute	s, the above	named corpo	oration submits this statement for the pi	urpose of changing its registered office
familiar w	ered agent, priboth, in the State of F vith, and accept the obligations of the	iorida. Such change was authorize lection 607.0505, Florida Statutes.	ed by the cor	poration's boa	ard of directors. I hereby accept the ap	pointment as registered agent. I am
SIGNATURE		- David R. LA	MIN			AAR6
	Signature, typed or printed name of registered a			ent signature require		DALE
12.	OFFICERS	AND DIRECTORS	13.	 	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12 Change Addition
NAME	LAMM, DAVID R.		1.2 NAM			
STREET ADDRESS	2815 NORRIS AVE			ET ADDRESS	250 Alexa	Drive-
CITY-S1-ZIP	ORLANDO FL		1.4 CITY	-ST-2IP	1250 Alexa Winter Park	41 32189
TITLE		☐ DELETE	2 1 1111			Change Addition
NAME			2 2 NAMI			
STREET ADDRESS			2.3 STRE	ET ADDRESS		
CITY-S1-ZIP		<u> </u>	2.4 CITY	ST-ZIP		
TITLE		☐ DELETE	3 1 TITU			Change Addition
NAME			3.2 NAMI	-		
STREET ADDRESS			33 STRE	ET ADDRESS		
CITY+ST+ZIP TITLE		☐ DELETE	3.4 CITY			Change D Addition
		Durcent	4 1 TITLI			Change 🗋 Addition
NAME STREET ADDRESS			4.2 NAMI	ET ADDRESS		
CITY-ST-ZIP			4.4 CITY			
TITLE		DELETE	5 1 TITLE			Change Addition
NAME		-	5.2 NAMI			
STREET ADDRESS			53 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY	-ST-ZIP		
TITLE		DELETE	6 1 TITLE			Change Addition
NAME			6.2 NAMI	:		
STREET ADDRESS			63 STRE	ET ADDRESS		
CITY-S1-ZIP			64 CITY			
certify that	at the information indicated on this a	onual report or supplemental annu	ial report is t	rue and accur	for the exemption stated in Section 119 ate and that my signature shall have the is report as required by Chapter 607, I	e same lenal effect as if made under