## 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 #

S58739

(1)

D. LAMM & CO., INCORPORATED

FILED Apr 15 1997 8:00am Secretary of State



Principal Place of Business 610 JASMINE ROAD			Mailing Address 610 JASMINE RD				3 (COLLEGE SAL BEIGL TRUS CRACO ILLIO COLL BION DICH PERI CICH BIRN CICH ILLI				
SB	EI 22304		3-B LITALANAITE CODING	20 EI 99301-ÀI	107	-					
ALTAMONTE SPRINGS FL 32701 US			ALTAMONTE SPRINGS FL 32701-4807 US			<u> </u>	3. Date Incorpo	orated or Qualifie	ed <b>3a.</b> Da	ate of Last R	leport
							06/11/19	91	04	/18/1996	
2. Principal Place of B	usiness	28	Mailing Address	Michigan	. A . D-		4. FEI Number			Ar	oplied For
	orrine	INIVE 26	<u> </u>	Corri	ie u	ive	59-3067	<u> 584</u>			ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc	i.			5. Certificate of	Status Desired			Additionat equired
City & State		27	City & State				6 Flaction Can	npaign Financing	•		
23 Orlando		28	Orlai	ndo			Trust Fund C		<b>,</b> $\square$		May Be to Fees
Zio	Country		7ip <b>a - m</b> a		ntry o	_		ition has liability	for intangible		
32803	[25] U	LSH 29	3280.	3 30	U81	H	Florida Statu	ites	Yes [	∏ No	
9. Na	me and Address	of Current Regis	stered Agent				10. Name and	Address of New	Registered	Agent	
LAMM, DAV	1D				81 Name						
1250 ALEXA DR					82 Street	Address	iss (P.O. Box Number is Not Acceptable)				
WINTER PA	RK FL 32789					22	CORT	ne D	rive		
	$\bigcirc$				83						
,	<b>/</b>				84 City (	2/1.				85 Zig	Code
/					<u> </u>	x 10	nao		FL	<u></u>	803
11. Pursuant to the prooffice or registered	ovisions disection oragent, disoth, in	ns 607.0502 and t n the State of Flor	ida. Such change	statutes, the a was authorize	bove-named d by the corp	corpora poration	stion submits this 's board of direc	s statement for tr ctors. I hereby ac	ne purpose o acept the app	r cnanging ii oointment as	ts registered : registered
agont Lantifatoilia	A any of the	The contains	of, Section 607. <b>0</b> 50	5, Florida Sta	utes.	,	40.	·	1101	27	ū
SIGNATURE X	DOWN	J JULIUM		DA	VID K	<u> </u>	Hun		4-1-6	<u> 1                                   </u>	
12.		register agent and tid ICERS AND DIRE	rif applicable	(NOTE: Registere	d Agent signature	required v		HANGES TO OF	DATE EICERS AND	DIRECTOR	2C IN 12
Title D	OFF	ICE. NO AND DITE	DELET		TLE		ADDITIONS	TANGES TO OF	TIOLITO AINE	Change	Addition
	I, DAVID R.		<u></u>	1.2 N				_		<b>–</b> •	<b>_</b>
	ALEXA DR				REET ADDRESS	32	aa Co	rrine	Driv	e)	
	ER PARK FL			1	TY-ST-ZIP	100	lando	rrine H	32 80.	3	
111()	DII 1 7 W 11 - 1 - 1		DELET			<u> </u>	147.000			Change	Addition
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NAME				3.2 N	AME	ļ					
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THE			DELET	E 4.1 TH	TLE					Change	Addition
NAME				4.21	LAME						
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HULE			DELET	E 5.1 T	TLE					Change	Addition
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HILE			☐ DELET	E . 6.1 T	TLE					☐ Change	Addition
NAM:				6.2 N	AME .						
SUBERT ADDRESS				6.3 S	TREET ADDRESS						
0(1) - S1 - 7(P				6.4 C	ITY-ST-71P						
14. I do hereby certify	that the information	ori supplied with	this filing does not	qualify for the	exemption s	stated in	Section 119.07	(3)(i), Florida Sta	tutes. I furthe	r certify that	t the

I do hereby certify that they mornique supplied with this tiling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further certify that information indicated on this annual report or supplier shall 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 revolver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or flock 13 if pranged or on an attachment with an address.

SIGNATURE:

MIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-97

407-895-2520

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