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

PROFIT CORPORATION ANNUAL REPORT 1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S 5

S58739

Mailing Address

(1)

D. Lamm . Co., Incorporated

3222 CORRI ORLANDO I US		3222 CORRINE DR ORLANDO FL 32803 US			DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 06 - 11 - 199			
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number		Applied For '	
21		26	 		_ 59-3067584	<u> </u>	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	,	75 Additional e Required	
City & State		City & State	<u> </u>		Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees	
Zip 24	Country 25	Zip 30				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No		
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
LAMM, DAVID R 3222 CORRINE DRIVE ORLANDO FL 32803			81	Name				
			82	Street Addres	et Address (P.O. Box Number is Not Acceptable)			
			83					
			B4	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 againt and title if applicable.	(NOTE: Registered Agent signature	e required when reinstating) DATE	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	S IN 12
TITLE	D DELETE	1.1 TITLE	☐ Change	☐ Addition
NAME	LAMM, DAVID R	1.2 NAME		
STREET ADDRESS	3222 CORRINE DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	1.4 CITY - ST - ZIP		
TITLE	☐ DELETE	2.1 TITLE	Change	Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-2IP		
TITLE	DELETE	3.1 TITLE	☐ Change	☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	☐ DELETE	4.1 TITLE	☐ Change	Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY - ST - ZIP	<u> </u>	
TITLE	☐ DELETE	5.1 TITLE	Change	☐ Addilion
NAME		5.2 NAME		10/2
STREET ADDRESS		5.3 STREET ADDRESS		J-4\r]
CITY-ST-ZIP		5.4 CITY - ST - ZIP		
JITLE	DELETE	6.1 TITLE	☐ Change	Addition
NAME		6.2 NAME	200002536762	
STREET ADDRESS		6.3 STREET ADDRESS	-05/27/9801074008	
CITY-ST-ZIP		6.4 CITY - ST - ZIP	***150 . 00	ļ

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 of 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 attactment with an address.

4-22-08 16-005 252

FILED

May 26 1998 8:00am

Secretary of State