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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90100 005 ***150.00

DOCUMENT # S58739 1. Corporation Name

D. LAMM & CO., INCORPORATED

Principal Place	e of Business	Mailing Address				'''		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
3222 CORRINE DR		3222 CORRINE DR	*									
ORLANDO FL 32803		ORLANDO FL 32803 US				DO NOT WRITE IN THIS SPACE						
US		00				3. Date Incorporated or Qualifed						
						06/11	•					
2. Principal Pl	lace of Business	2a. Mailing Address	2a. Mailing Address				mber		$\neg \top$	Apr	ied For	
21		26	26			59-30	59-3067584			Not Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5 Cortifo	ite of Status Desired				ciditional	
22		27			5. Certifica			F	ee Re	quired		
City & S at	e	City & State	City & State			I	n Campaign Financing				May Be	
23							und Contribution			dded to	Fees	
Zip	Country	Zip					rporation owes the cur	rent year Int	angible: Ye		[]No	
24	25		29 30				at Property Tax. and Address of New	Registered			1110	
	9. Name and Address of Curre	ni Negistereu Agent		81	Name	10. 140110	210 7407000 01 11011	<u>g</u>	<u></u>			
LAMI	M, DAVID			_								
	CORRINE DR		-	82	Street Ac	:dress (P.O. Box	Number is Not Accept	able)				
ORLANDO FL 32803			}	83								
				_								
				84	City			FL	85	Zip C	Code	
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statutes	the ab	oove	-named cc	rporation submi	s this statement for the	purpose of	chang	ing its	registered	
office crn	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was aut	norized	by t	the corpora	ation's board of a	lirectors. I hereby acce	pt the apt of	nımen	. as reg	g stered	
_	, ir ramma. Will, and all opening oblig											
SIGNATUFE	Signature, typed or printed name of registered ag-	ent and title if applicable. (NOT 5: F	egistered	Agent	signature requ	ired when reinstating)		DATE				
12.		NI) DIRECTORS	13.			ADDITIO	ONS/CHANGES TO OF	FICERS AN			RS IN 12	
TITLE	D	☐ DELETE	1.1 T(T							hange	[] Addition	
NAME	LAMM, DAVID R.		1.2 NA									
STREET ADDRESS	3222 CORRINE DR		1.3 STREET ADDR		1							
CITY-ST-ZIP	ORLANDO FL 32803		14 CiTY-ST-ZIP		- ZIP					hange	☐ Addition	
TITLE		☐ Nereie	1						L., 0	lange		
NAME			2.2 NA									
STREET ADDRESS			•		ADDRESS							
CITY-ST-ZIP		DELETE	2. 4 CI		r-ZIP					hange	Addition	
TITLE		בן סבנכוב	32 NA									
NAME			1		ADDRESS							
STREET ADDRESS:												
CITY-ST-ZIP		☐ DELETE	3.4. CF		I-ZIP				Πīc	hange	Addition	
TITLE			4. 2 N/							v		
NAME			i i		ADDRESS							
STREET ADDRESS			4.4 CF								'	
TITLE		☐ DELETE	5.1 TIT		-211					hange	Addition	
NAME			5.2 NA								_	
STREET ADDRESS			5.3 ST	REET	ADDRESS							
CITY-ST-ZIP			5 4 CIT	TY-ST	- ZIP							
TITLE		☐ DELETE	6.1 TIT						C	hange	Addition	
NAME		_	6.2 NA	ME								
			6.3 ST	REET	ADDRESS							
STREET ADDRESS			1									

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 18 if change 1, point an attact transit with an address, with all other like empowered.

SIGNATURE: