

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mathiam  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S81383** (9)

1. Corporation Name  
**LAMCO, INC.**



Principal Place of Business

Mailing Address

7369 ORANGEWOOD LN  
S202  
BOCA RATON FL 33433  
US

7369 ORANGEWOOD LN  
S202  
BOCA RATON FL 33433  
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

MINTZ, LOREN A.  
7369 ORANGEWOOD LN  
S202  
BOCA RATON FL 33433

3. Date Incorporated or Qualified <b>09/19/1991</b>	3a. Date of Last Report <b>01/19/1995</b>
4. FEI Number <b>65-0293177</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

11. Pursuant to the provisions of Sections 607.0202 and 607.0203, 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 607.0205, Florida Statutes.

SIGNATURE

Signature of person making this report or the filer of this report

Signature of the Registered Agent

DATE

12	OFFICERS AND DIRECTORS	13	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1	<input type="checkbox"/> DELETE D MINTZ, LOREN A. 7369 ORANGEWOOD LN, S202 BOCA RATON FL	13.1	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2	<input type="checkbox"/> DELETE	13.2	1.2 NAME
12.3	<input type="checkbox"/> DELETE	13.3	1.3 STREET ADDRESS
12.4	<input type="checkbox"/> DELETE	13.4	1.4 CITY, ST, ZIP
12.5	<input type="checkbox"/> DELETE	13.5	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6	<input type="checkbox"/> DELETE	13.6	2.2 NAME
12.7	<input type="checkbox"/> DELETE	13.7	2.3 STREET ADDRESS
12.8	<input type="checkbox"/> DELETE	13.8	2.4 CITY, ST, ZIP
12.9	<input type="checkbox"/> DELETE	13.9	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10	<input type="checkbox"/> DELETE	13.10	3.2 NAME
12.11	<input type="checkbox"/> DELETE	13.11	3.3 STREET ADDRESS
12.12	<input type="checkbox"/> DELETE	13.12	3.4 CITY, ST, ZIP
12.13	<input type="checkbox"/> DELETE	13.13	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14	<input type="checkbox"/> DELETE	13.14	4.2 NAME
12.15	<input type="checkbox"/> DELETE	13.15	4.3 STREET ADDRESS
12.16	<input type="checkbox"/> DELETE	13.16	4.4 CITY, ST, ZIP
12.17	<input type="checkbox"/> DELETE	13.17	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18	<input type="checkbox"/> DELETE	13.18	5.2 NAME
12.19	<input type="checkbox"/> DELETE	13.19	5.3 STREET ADDRESS
12.20	<input type="checkbox"/> DELETE	13.20	5.4 CITY, ST, ZIP
12.21	<input type="checkbox"/> DELETE	13.21	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22	<input type="checkbox"/> DELETE	13.22	6.2 NAME
12.23	<input type="checkbox"/> DELETE	13.23	6.3 STREET ADDRESS
12.24	<input type="checkbox"/> DELETE	13.24	6.4 CITY, ST, ZIP

14. I hereby certify that the information supplied by this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included on this annual report or supplement to annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, under pain of perjury or other penalty of the corporation or the registered agent, 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 attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/96 954-452-9600

CR2E034 (12/95)