

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

FILED

Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V52647** (7)
1. Corporation Name
AMERILAM LAMINATING, INC.



Principal Place of Business: **2898 FOREST HILL BOULEVARD
WEST PALM BEACH FL 33406**
Mailing Address: **2950 FOREST HILL BOULEVARD
WEST PALM BEACH FL 33406**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 112 S. Congress Ave Suite, Apt. #, etc.		2a. Mailing Address 26 SAME Suite, Apt. #, etc.		3. Date Incorporated or Qualified 07/23/1992	
22 City & State 23 W. Palm Beach FL.		27 City & State		4. FEI Number 65-0350423 Applied For Not Applicable	
24 Zip 33406		28 Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
26		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HERMAN, BRUCE 1401 E. BROWARD BLVD. SUITE 206 FT. LAUDERDALE FL 33301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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 is 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: *Stephen M. Philbin* DATE: **4-1-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	3 PHILBIN, STEPHEN M. <input type="checkbox"/> DELETE	1.1 TITLE	G.P. Philbin STEPHEN M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5846 LINCOLN CIRCLE WEST	1.2 NAME	19744 KIMFISHER LN.
STREET ADDRESS	LAKE WORTH FL	1.3 STREET ADDRESS	LOKAMATCHEE FL. 33470
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	4 PHILBIN, JACK T. <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D. Philbin MARIANNE J. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5846 LINCOLN CIRCLE WEST	2.2 NAME	19744 KIMFISHER LN.
STREET ADDRESS	LAKE WORTH FL	2.3 STREET ADDRESS	LOKAMATCHEE FL. 33470
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 13 if changed, or on an attachment with an address.

SIGNATURE: *Stephen M. Philbin* DATE: **4-1-98** **561-438-0812**

CR2E034 (10/97)