


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

FILED

Apr 14 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morthagn Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>F94262</b> 1. Corporation Name <b>L &amp; B FINANCIAL NETWORK, INC.</b>			
Principal Place of Business <b>1070 Kapp Drive Clearwater, FL 34625</b>		Mailing Address <b>SAME</b>	
2. Principal Place of Business <b>1070 Kapp Drive</b> Suite, Apt. #, etc. <b>N/A</b> City & State <b>Clearwater, FL</b> Zip <b>34625</b>		2a. Mailing Address <b>1070 Kapp Drive</b> Suite, Apt. #, etc. <b>N/A</b> City & State <b>Clearwater, FL</b> Zip <b>34625</b>	
3. Date Incorporated or Qualified <b>8-11-82</b>		3a. Date of Last Report <b>N/A</b>	
4. Filing Number <b>59-2209791</b>		Applied For <input type="checkbox"/> 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>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>Denis Stryjewski P.O. Box 8362 Clearwater, FL 34618-8362 AND 863 13th Avenue North St. Petersburg, FL 33701</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
14. I, the undersigned, 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am authorized to act for 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: <b>X</b> <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>3/29/97</b> Daytime Phone #	

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