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PROFIT
CORPORATION
ANNUAL REPORT
1999

Principal Place of Business

1070 KAPP DRIVE

CLEARWATER FL 34625



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F94262 1. Corporation Name L & B FINANCIAL NETWORK, INC.

Mailing Address

CLEARWATER FL 33765

## FILED Feb 18, 1999 8:00am Secretary of State

02-18-1999 90027 026 \*\*\*150.00



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	,	á			3. Date Incorpora		2			7
2. Principal	Place of Business	2a. Mailing Address			08/11/1982		<u> </u>			
21		26			4. FEI Number				Applied For	
Suite, Ap	t. #. etc.	<del></del>			59-2209791	<u> </u>		_ []	Not Applicable	, ]
22		Suite, Apt. #, etc.			5. Certifcate of St	atus Desired		\$8.75	Additional	٦
City & Sta	nto	27			3. Octardate of St	atus Desireu	. <del>L</del>		Required	
<b>–</b>	nie .	City & State			6. Election Campa	aign Financing	· ·	\$5.0	May Be	┪
23		28			Trust Fund Cor				o may be to Fees	دات
Zìp □	Country	Zip	Cou	intry	8. This corporation	n owes the our	ont von de		itorees .	-
4	25	29	30		Personal Prope	nty Tay	ent year in	itangibie <b>⊠</b> Yes	CIN.	1
	9. Name and Address of Curre	nt Registered Agent		Γ	10. Name and Add	drage of Now E	Panlatarad		□No	١,
	VE 00 00 1	•		81 Name	to: Hamb and Add	areas or Hew P	raðisraisn	Agent	<del>-</del>	-
	KE, SR STUART H				_			,		1
	8 MONTROSE LANE			82 Street Add	Street Address (P.O. Box Number is Not Acceptable)					┨
CLE	ARWATER FL 33761					tore ser eres	rantos ano.	aran sa mana	• New Y- 844 Sec.	1
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				,			EI	85 Zip	Code	7
11. Pursuant	to the provisions of Sections 607.050 registered agent, or both, in the State	2 and 607.1508, Florida Statute	s, the at	ove-named cor	moration submits this etc	tomont for the	<u> </u>	<u> </u>		4
office or	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was at	thorized	by the corporat	tion's board of directors.	thereby accen	purpose of t the appoi	changing it	s registered	1
		ations of, Section 607.0505, Flor	ida Statu	ites.		. ,	ч ило цррол	municill as i	egistered	İ
SIGNATURE	Signature bond or many day					•	:			ŀ
i2.	Signature, typed or printed name of registered age			Agent signature requir	red when reinstating)		DATE	<del></del>	<del></del>	ĺ
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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 SIGNATURE:

1/25/99 727.443.4571