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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

H43711

(1)

LBS CH	IUMS, INCORPORATED				
rincipa! Place o	of Business	Mailing Address			
% LYLE F. SE		% Lyle F. Seybert 1834 Ironwood Cou	IRT		
1834 IRONWOOD COURT 1834 IRONWO VENICE FL 34293 VENICE FL 34				3. Date Incorporated or Qualified	3a. Date of Last Report
				02/20/1985	04/25/1995
. Principal Plac	ce of Business	2a. Mailing Address		4, FEI Number 59-2506656	Applied Fo
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Addition
		27			Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for it	intangible tax under s 199.032,
	25	29	30	Florida Statutes Yes 10. Name and Address of New R	No
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New h	edistaten waent
GEVRED.	TIVIEE		1.1	ress (P.O. Box Number is Not Acceptab	olo)
SEYBERT, LYLE F. 1834 IRONWOOD COURT				Oress II .O. DOX Homber is 1100 / Cooperately	
VENICE	FL 34293		83		
			84 City		FL 85 Zip Code
				ration submits this statement for the pur	rpose of changing its registered
I. Pursuant to or registere	the provisions of Sections 607.050 and agent, or both, in the State of Fig.	02 and 607.1508, Florida Statut orida. Such change was authoriz orion 607.0506, Florida Statutes	es, the above-named corpored by the corporation's boats.	ard of directors. I hereby accept the appoint	iointment as registered agent. I
GNATURE _	Signature, tyres or print in name of registered age	ent and title if applicable. (NC	OTE: Registered Agent signature require	ed when renstating)	DATE 7/ DY 190
GNATURE	Signalize, they or print in name of registered age OFFICERS A	Lyper			DATE 7/ DY 190
GNATURE _	OFFICERS A DP SEYBERT, BEVERLY A.	ent and title if applicable. (NC ND DIRECTORS	DTE: Registered Agent signature require	ed when renstating)	DATE
GNATURE	OFFICERS A DP SEYBERT, BEVERLY A. 1834 IRONWOOD CT	ent and title if applicable. (NC ND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	ed when renstating)	DATE
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SIGNATURE: Signature: Sylvally Sex Theor 4/1/96 941-488-4618

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