

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

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P93000039507 (7)

1. Corporation Name
LBU FLORIDA, INC.



Principal Place of Business: 4100 N POWERLINE ROAD SUITE H-5 POMPANO BEACH FL 33073 US
Mailing Address: 4100 N. POWERLINE ROAD SUITE H-5 POMPANO BEACH FL 33073 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	06/03/1993	65-0418559	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24 Country	29 Country	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	10. Name and Address of New Registered Agent
FABIAN, RONALD M 872 E OAKLAND PARK BLVD OAKLAND PARK FL 33334	81 Name: JAKE GERSOWSKY 82 Street Address (P.O. Box Number is Not Acceptable): 4100 N. POWERLINE RD. 83: POMPANO SUITE H-5 84 City: POMPANO BEACH FL 85 Zip Code: 33073

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: JAKE GERSOWSKY CONTROLLER DATE: 3/4/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	DELETE <input type="checkbox"/>	1.1 TITLE: V/P	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME: FABIAN, RONALD M		1.2 NAME: JAKE GERSOWSKY	
STREET ADDRESS: 872 E OAKLAND PARK BLVD		1.3 STREET ADDRESS: 4100 N. POWERLINE RD # H-5	
CITY-ST-ZIP: OAKLAND PARK FL 33334		1.4 CITY-ST-ZIP: POMPANO BEACH, FL 33073	
TITLE:	DELETE <input type="checkbox"/>	2.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		2.2 NAME:	
STREET ADDRESS:		2.3 STREET ADDRESS:	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE:	DELETE <input type="checkbox"/>	3.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	DELETE <input type="checkbox"/>	4.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	DELETE <input type="checkbox"/>	5.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	DELETE <input type="checkbox"/>	6.1 TITLE:	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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: JAKE GERSOWSKY DATE: 3/4/98 (954) 984-9136

CR2E034 (10/97)