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

**PROFIT** CORPORATION ANNUAL REPORT 1999

LIBBL INC

DOCUMENT # J60267

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **FILED** May 06, 1999 8:00 am Secretary of State

05-06-1999 90115 039 \*\*\*150.00

LIDIUI III	· ·			) (ADDIER BEER BEER BEER EINER BEER BEER BEER BEER	DIEN BURN BIEN BURN BIEN NEUT
Principal Place	e of Business	Mailing Address			
% BRIAN S. FA	RICANT	% BRIAN S. FARICANT			
	IO RD., APT A15	21000 BOCA RIO RD. APT. A	115	DO NOT MOTE IN THE	e enace
BOCA RATON	FL 33433	BOCA RATON FL 33433		DO NOT WRITE IN THI	5 SPACE
US		,-US		3. Date Incorporated or Qualifed	-
<u> </u>	<del></del>	, Ta a way a tilana		03/05/1987 4. FEI Number	Applied For
<u> </u>	lace of Business	2a. Mailing Address	CHANCE (	FO-2700CE7	Applied For
21 106	93 WHEELHOUSE GR	26 10693 WHE	ELHOUSE (	59-2782657	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Çity & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 BOCA	A RATTIN FL	28 BOCA PAY	or)	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Ir	ntangibla
24 334		— ` <i>h. /</i> —	a 3347£	Personal Property Tax.	Yes □No
	9. Name and Address of Current			10. Name and Address of New Registered	f Agent
81 Name					
FABRICANT, BRIAN S.				ddress (P.O. Box Number is Not Acceptable)	
21000 BOCA RIO RD., #A15			oz Sireel Ac	duless (F.O. Dox Number is Not Acceptable)	
BOC	A RATON FL 33433		83 106	93 Wurch Liver C	1R
				93 WHEEL ITOUSE C	
}	•	•	84 CitiBo	CA RATION FI	L   85   33 50 7 20
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the above-named co	prporation submits this statement for the purpose of	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.					
	m Jamiliai with, and accept the obligati	ons or, dection our tools, more	ia olalaios.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Agent signature requ	uired when reinstating) DATE	
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE		Change
NAME	FABRICANT, BRIAN S.		1.2 NAME	0	
STREET ADDRESS	21000 BOCA RIO RD., APT. A19	5		10693 WHERLHOUSE	C1/2
CITY+ST-ZIP	BOCA RATON FL		1.4 CiTY-ST-ZIP	BOCA RATON FL 33	
TITLE	DST	☐ DELETE	2.1 TITLE		Change
NAME	FABRICANT, LISA B		2.2 NAME		م ُ م
STREET ADDRESS	21000 BOCA RIO RD., APT. A15	5	2.3 STREET ADDRESS	OCHS WHEELINUSE C	CIR
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	OGA3 WHEELHUER G BOCA RATION FL 3	3425
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		)
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	_	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME	•	ļ
STREET ADDRESS			F & OTDEET LEDDESS		
			5.3 STREET ADDRESS		
1 CDY-S1-M2			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE			☐ Change ☐ Addition
TITLE		☐ DÉLETE	5.4 CITY-ST-ZIP		☐ Change ☐ Addition
		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:



561-368-4481