
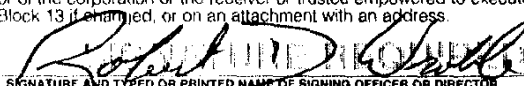


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 555315 (1)		1. Corporation Name LABARON OF NEW BEDFORD, INC.	
Principal Place of Business 5215 RAMSEY WAY FT. MYERS FL 33907		Mailing Address 5215 RAMSEY WAY FT. MYERS FL 33907-2123	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent WROBLE, ROBERT D. 4551 GULF SHORE BLVD. N. NAPLES FL 33940		10. Name and Address of New Registered Agent 31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City 35 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.7 TITLE NAME STREET ADDRESS CITY-ST-ZIP 12.8 TITLE NAME STREET ADDRESS CITY-ST-ZIP		13.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.7 TITLE NAME STREET ADDRESS CITY-ST-ZIP 13.8 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
14. I do 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: 		4-24-97 505-997-1309	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



CR2E034 (9/96)