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**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F95000006163 1. Corporation Name

LABREE, INC.

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

02-18-1999 90004 032 \*\*\*150.00



					[		<b>Bills (18)</b>
Principal Place	of Business	Mailing Address				•	
8600 RIDGEWOOD AVENUE 8600 RIDGEWOOD AVENUE						•	
CAPE CANAVERAL FL 32920		CAPE CANAVERAL FL 32	CAPE CANAVERAL FL 32920		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	E III IIII GI MOL	
					12/19/1995	* 1 1 .	
2. Principal Place of Business		· 2a. Mailing Address	2a. Mailing Address		4. FEI Number		plied For
21		26	26		58-1724907		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5- Certificate of Status Desired \$8.75 Additional		
22		27	27		5. Certificate of Status Desired Fee Required		
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Count	ry	8. This corporation owes the curr		
24	25	29	30		Personal Property Tax.	□Yes	□No
	9. Name and Address of Ci	urrent Registered Agent			10. Name and Address of New F	Registered Agent	
				1 Name			
WAKEFIELD, S. CRAIG 1400 W. OAK ST., STE A KISSIMMEE FL 34741			82 Street A		ddress (P.O. Box Number is Not Acceptable)		
			8	13			
			1	4 City		FL 85 Zip	
44 Dusquant	to the provisions of Sections 60	7 0502 and 607 1508 Florida State	utes the abo	ve-named cor	poration submits this statement for the	purpose of changing its	registered
office or re	egistered agent, or both, in the S m familiar with, and accept the c	State of Florida. Such change was obligations of, Section 607.0505, F	authorized l lorida Statut	by the corporations.	poration submits this statement for the tion's board of directors. I hereby accept	ot the appointment as re	egistered
SIGNATURE		<u> </u>			red when reinstating)	DATE .	
	Standare typed or bringed name of registers	ed agent and the ii applicable. (NO	IE: Registered A	gent signature requir	red wilet remaining/		
	Signature, typed or printed name of registers OFFICER	RS AND DIRECTORS	13.	gent signature requir	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	ORS IN 12
12.	OFFICER				ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	ORS IN 12 ☐ Addition
12.	OFFICER PCD	S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF		
12. TITLE NAME	OFFICER PCD HITSON, WILLIAM M	S AND DIRECTORS	13. 1.1 TITL 1.2 NAM		ADDITIONS/CHANGES TO OF		
12. TITLE NAME STREET ADDRESS	OFFICER PCD HITSON, WILLIAM M 8600 RIDGEWOOD AVE	S AND DIRECTORS	13. 1.1 TITL 1.2 NAW 1.3 STR	E E EET ADDRÉSS	ADDITIONS/CHANGES TO OF		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER PCD HITSON, WILLIAM M	S AND DIRECTORS	13. 1.1 TITL 1.2 NAW 1.3 STR	E EET ADDRESS - ST- ZIP	ADDITIONS/CHANGES TO OF		
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICER PCD HITSON, WILLIAM M 8600 RIDGEWOOD AVE	AS AND DIRECTORS	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL	E EET ADDRESS - ST- ZIP	ADDITIONS/CHANGES TO OF	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS. CITY-ST-ZIP TITLE NAME	OFFICER PCD HITSON, WILLIAM M 8600 RIDGEWOOD AVE	AS AND DIRECTORS	13. 1.1 TITL 1.2 NAW 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAW	E EET ADDRESS -ST-ZIP E	ADDITIONS/CHANGES TO OF	☐ Change	☐ Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER PCD HITSON, WILLIAM M 8600 RIDGEWOOD AVE	S AND DIRECTORS  DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT	E E E E E E E E T S S S S S S S S S S S	ADDITIONS/CHANGES TO OF	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICER PCD HITSON, WILLIAM M 8600 RIDGEWOOD AVE	AS AND DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2. 4 CIT 3.1 TITL	E E EET ADDRESS -ST-ZIP E EET ADDRESS (-ST-ZIP EET ADDRESS	ADDITIONS/CHANGES TO OF	☐ Change	☐ Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICER PCD HITSON, WILLIAM M 8600 RIDGEWOOD AVE	S AND DIRECTORS  DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL	E E E E E E E E E E E E E E E E E E E	ADDITIONS/CHANGES TO OF	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER PCD HITSON, WILLIAM M 8600 RIDGEWOOD AVE	S AND DIRECTORS  DELETE  DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM	E E E E E E E E E E E E E E E E E E E	ADDITIONS/CHANGES TO OF	☐ Change	☐ Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICER PCD HITSON, WILLIAM M 8600 RIDGEWOOD AVE	DELETE  DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CITY 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY 5.4 CITY 5.4 CITY 5.5 NAM 5.5 STR 5.4 CITY 5.4 CITY 5.4 CITY 5.5 NAM 5.5 STR 5.5 CITY 5.5 NAM 5.5 STR 5.5 CITY 5.5 CITY 5.5 CITY 5.5 NAM 5.5 STR 5.5 CITY 5	E E E E E E E E E E E E E E E E E E E	ADDITIONS/CHANGES TO OF	☐ Change ☐ Change ☐ Change ☐ Change	Addition Addition Addition
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12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER PCD HITSON, WILLIAM M 8600 RIDGEWOOD AVE	DELETE  DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY 6.1 TITL 6.2 NAM	E E E E E E E E E E E E E E E E E E E	ADDITIONS/CHANGES TO OF	☐ Change ☐ Change ☐ Change ☐ Change	Addition  Addition  Addition  Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME	PCD HITSON, WILLIAM M 8600 RIDGEWOOD AVE CAPE CANAVERAL FL	DELETE  DELETE	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 5.1 TITL 5.2 NAM 5.3 STR 5.4 CITY 6.1 TITL 6.2 NAM 6.3 STR	E E E E E E E E E E E E E E E E E E E	ADDITIONS/CHANGES TO OF	☐ Change ☐ Change ☐ Change ☐ Change ☐ Change	Addition  Addition  Addition  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: \_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR