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Feb 09, 1999 8:00am
Secretary of State

02-09-1999 90037 010 ***150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G30373

1. Corporation Name
L. B. K. INTERNATIONAL, INC.

Principal Place of Business

15 CROSSROADS
SUITE 160
SARASOTA FL 34239

Mailing Address

APARTADO 150
P O BOX 60326
HOUSTON TX 77205-326
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/22/1983

4. FEI Number

59-2274578

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

GOAR, JAMES C
1590 FIRST ST
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

1. 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 reinstating)

DATE

OFFICERS AND DIRECTORS

☐ DELETE

12. TITLE

12.1 NAME

STREET ADDRESS

CITY-ST-ZIP

DP
ESCOBAR, F CARLOS
520 BIRDIE LANE
LONGBOAT KEY FL

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D
PURCELL, LEONARD P
APARTADO 150, P O BOX 60326
HOUSTON TX 77205-0326

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

GOAR, JAMES C
1590 FIRST ST
SARASOTA FL 34236

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

APARTADO 150, P O BOX 60326
HOUSTON TX 77205-0326

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

DP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

520 BIRDIE LANE
LONGBOAT KEY FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

P. PURCELL 1/14/99 (525) 525-1766

CR2E034 (1/98)