

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 8:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **G64621**

(7)

1. Corporation Name

LABOR MANAGEMENT, INC.

Principal Place of Business

**2155 NW 184TH AVE
PEMBROKE PINES FL 33029-3855**

Mailing Address

**2155 NW 184TH AVE
PEMBROKE PINES FL 33029-3855**

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified

10/12/1983

3a. Date of Last Report

03/16/1994

4. FEI Number

59-2336626

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has activity for intangible tax under 1992 U.S.
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. # etc.

22

City & State

23

24

2b. Mailing Address

26

Suite, Apt. # etc.

27

City & State

28

29

30

9. Name and Address of Current Registered Agent

**BERGERON, RONALD M.
2111 SW 16 STREET
FT. LAUDERDALE FL 33027**

10. Name and Address of New Registered Agent

81 Name **Bergeron, Ronald M. Sr.**

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

21111 SW 16 St.

83

84 City **Ft. Laud.**

FL

85 **33326**

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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Agent for Change of Registered Office

12. OFFICERS AND DIRECTORS

12.1

NAME

STREET ADDRESS

CITY, ST, ZIP

**BERGERON, RONALD M.
2111 SW 16TH ST
FT LAUDERDALE, FL 00000**

12.2

NAME

STREET ADDRESS

CITY, ST, ZIP

**VD
BERGERON, LONNIE T.
21111 SW 16TH STREET
FT. LAUDERDALE FL**

12.3

NAME

STREET ADDRESS

CITY, ST, ZIP

**STD
NESS, FRANK
4840 SW 70TH TERRACE
DAVE FL**

12.4

NAME

STREET ADDRESS

CITY, ST, ZIP

12.5

NAME

STREET ADDRESS

CITY, ST, ZIP

12.6

NAME

STREET ADDRESS

CITY, ST, ZIP

12.7

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1

NAME

STREET ADDRESS

CITY, ST, ZIP

**P
Bergeron, Ronald M. Sr.
21111 SW 16 St.
Ft. Laud. FL 33326**

13.2

NAME

STREET ADDRESS

CITY, ST, ZIP

**VD
Bergeron, Lonnie T.
4839 SW 148 Ave. #503
Ft. Laud. FL 33331**

13.3

NAME

STREET ADDRESS

CITY, ST, ZIP

13.4

NAME

STREET ADDRESS

CITY, ST, ZIP

13.5

NAME

STREET ADDRESS

CITY, ST, ZIP

13.6

NAME

STREET ADDRESS

CITY, ST, ZIP

13.7

NAME

STREET ADDRESS

CITY, ST, ZIP

13.8

NAME

STREET ADDRESS

CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 of this report or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1. Name

2. Signature