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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

FILED

Jan 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # CO

1. Corporation L.B.M., I Principal Place 248 HWY 27 SOUTH BAY FL	NC. e of Business	Mailing Address 248 HWY 27 SOUTH BAY FL 33493							
						3. Date Incorporated or Qualified 03/21/1984		Pale of Last R	eport
2. Principal P	lace of Business	2a. Mailing Address	<u></u>			4. FEI Number	J VE		plied For
21	4	26				59-2467499			t Applicable
Suite, Apt	#, eic.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A	
City & State	8	City & State				6. Election Campaign Financing			· · · · · · · · · · · · · · · · · · ·
23		28				Trust Fund Contribution		\$5.00 Added 1	
Zip	Country	Zip	Cou	ntry		8. This corporation has liability for	intangibl	e tax under s.	199.032,
24	25	29	30				Yes		
	9. Name and Address of Curr	ant Registered Agent		81	Name	10. Name and Address of New Re	gistered	Agent	
	MILLAN, LARRY I LAKE CLAY DR			•					
		82 Street Addre			ss (P.O. Box Number is Not Acceptal	ole)			
LAN	E PLACID FL 33852			83					
			ļ	24	0.				
				84	City		Fl	85 Ζίρ (Code
SIGNATURE	Signarike itypod or printed name of registered a		Registered		nt signature required		DATE		
TITLE	P OFFICERS A	DELETE	1.1 717		···· 1 ···	ADDITIONS/CHANGES TO OFFIC	JERS AN	D DIRECTOR:	S IN 12
NAME	MCMILLAN, LARRY	otten	1.1 M					Change	L Audition
STREET ADDRESS	1514 LAKE CLAY DR				ADORESS				
CITY-ST-ZIP	LAKE PLACID FL		1.4 CI		· 1				
TITLE	ST	☐ DELETE	DELETE 2.1 TI					Change	Addition
NAME	MCMILLAN, BARBARA		22 NA	ME					
STREET ADDRESS	1514 LAKE CLAY DR		23 ST	REET	ADDRESS				
CITY - S1 - ZIP TITLE	LAKE PLACID FL	T DELETE	_	2 4 CITY-ST-ZIP 31 TITLE		***			
NAME			31 III 32 NA					Change	Addition
STREET ADDRESS					ADDRESS				
CHTY-ST-ZIP			3.4. Ci						
THLE		DELETE	4.1 TIT		7			Change	Addition
NAME			4. 2 N/	AME				-	
STREET ADDRESS			4.3 ST	REET	ADDRESS				
CITY-ST-7.P			4.4 Cr1	Y-SI	T-ZIP				
THILE		☐ DELETE	5.1 TIT					Change	☐ Addition
NAME STOSET ADDRESS			5.2 NA						
STREET ADDRESS					ADDRESS				
CITY - S1 - ZIP TITLE		DELETE	5.4 CIT 6.1 TIT		1-211			Change	Addition
NAME			6.2 NA					Charge	Addition
STREET ADDRESS					ADDRESS				
CITY-ST-ZIF			6.4 CIT						
14. I do hereb	by certify that the information supplied indicated on this appeal report of	ed with this filing does not qualify	y for the	ever	motion stated i	n Section 119.07(3)(i), Florida Statute ny signature shall have the same lega	s. I furthe	or certify that t	he
I am an or	ficer or director of the corporation of Block 12 of Block 13 if changed,	of the receiver or trustee empowe	ered to e	Xeci	ute this report	as required by Chapter 607, Florida S	a enect a Statutes;	and that my n	er oatn; that ame