

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H38553** (4)
1. Corporation Name
LABAR ENTERPRISES, INC.



Principal Place of Business: **1929 WHITFIELD PARK LOOP SARASOTA FL 34243 US**
Mailing Address: **537 MAGELLAN DR. SARASOTA FL 34243**

2. Principal Place of Business (21-24) and Mailing Address (26-29) fields for additional locations.

3. Date Incorporated or Qualified: **01/18/1985**
3a. Date of Last Report: **01/20/1995**
4. FEI Number: **59-2503683**
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 liability for intangible tax under s. 199.032, Florida Statutes: Yes No

g. Name and Address of Current Registered Agent

**MEISSNER, GREGORY
537 10 ST WEST
BRADENTON FL 33505**

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

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 607.0605, Florida Statutes.

SIGNATURE

Signature of the registered agent, if the registered agent is not the corporation.

Signature of the corporation, if the registered agent is the corporation.

DATE

12. OFFICERS AND DIRECTORS

11	PT	<input type="checkbox"/> DELETE
NAME	RITZENHALER, LARRY J	
STREET ADDRESS	537 MAGELLAN SARASOTA FL VS	<input type="checkbox"/> DELETE
CITY, ST, ZIP	VS	
NAME	RITZENTHALER, BARBARA G	
STREET ADDRESS	537 MAGELLAN SARASOTA FL	<input type="checkbox"/> DELETE
CITY, ST, ZIP		
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY, ST, ZIP		
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY, ST, ZIP		
NAME		<input type="checkbox"/> DELETE
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21	TITLE	
22	NAME	
23	STREET ADDRESS	
24	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32	NAME	
33	STREET ADDRESS	
34	CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42	NAME	
43	STREET ADDRESS	
44	CITY, ST, ZIP	
51	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52	NAME	
53	STREET ADDRESS	
54	CITY, ST, ZIP	
61	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62	NAME	
63	STREET ADDRESS	
64	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)(k), 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: *Larry J Ritzenhaler, Pres.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96 941-758-0181
DATE AND PHONE NUMBER

CR2E034 (12/95)