


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

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AND
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1997 JUL 17 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #J47113
1. Corporation Name

LIBRA SCALE & LABEL INC.

Principal Place of Business
1121 S. SANFORD AVE.
SANFORD, FL
32771

Mailing Address
P.O. BOX 847
SANFORD, FL
32771-0847

3. Date Incorporated or Qualified DEC. 11, 1986	3a. Date of Last Report DEC. 1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2741067 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

DONALD F. FLOWERS
679 RED WING DR.
LAKE MARY, FL
32746

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 607.0505, Florida Statutes.

SIGNATURE: Donald F. Flowers PRECIDENT 12/31/96
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONALD F. FLOWERS	12 NAME	
STREET ADDRESS	679 RED WING DR	13 STREET ADDRESS	
CITY-ST-ZIP	LAKE MARY, FL 32746	14 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	1000022430001
NAME		22 NAME	-07/21/97--01103--005
STREET ADDRESS		23 STREET ADDRESS	****165.00 ****165.00
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Donald F. Flowers 12/31/97 407-524-4384
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)



LIBRA SCALE & LABEL, INC.

P.O. Box 847
SANFORD, FL 32772
1-407-324-4384

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June 30, 1997

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL
32314

TO whom it may concern:

The attached "Profit Corporation Annual Report" is a duplicate of the report sent by U. S. Mail on December 31, 1996 to you. Attached to it was our check #6019 in the amount of \$165.00. It has come to our attention that you have not received this Filing and that this check has never cleared our bank.

We regret any complications that the acts of a third party has caused and are enclosing check #6189 for \$165.00 with the filing.

Yours truly,

Donald F. Flowers
President.