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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J47113

LIBRA SCALE AND LABEL, INC.

	12

FILED
Feb 09 1998 8:00am
Secretary of State



Principal Place	e of Business	Mailing Address				II BABAI OIANI OIANI BADA
1121 8. SANFORD AVENUE SANFORD FL 32771 US:		P.O. BOX 847 SANFORD FL 32771-0847 US	SANFORD FL 32771-0847		DO NOT WRITE IN THIS	S SPACE
00 .		•			3. Date Incorporated or Qualified	
					12/11/1986	
2. Principal Pl	ace of Business	2a. Mailing Address		• • • • • • • • • • • • • • • • • • • •	4. FEI Number	Applied For
21		26			59-2741067	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			9. 30. mod 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Fee Required
City & State	Э	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Count	гу	8. This corporation owes or has paid the c	urrent year Intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registerer	1 Agent
FLO	WERS, DONALD F		8	1 Name		!
	RED WING DR		8	2 Street Add	ress (P.O. Box Number is Not Acceptable)	
	E MARY FL 32748					
	,	•	8	3		
		,	i e	4 City		85 Zip Code
		•	٠ ١	- City	F	L 00 1.15 0000
11. Pursuant to office or reagent. I as	to the provisions of Sections 607.05 egistered agent, or both, in the Stat of familiar with, and accept the obli	02 and 607.1508, Florida Statulite of Florida. Such change was a gations of, Section 607.0505, Florida.	es, the abo authorized orida Statut	e-named corpora by the corpora es.	poration submits this statement for the purpose fron's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE	1) ounted of	+ lower			1/31/	98
	Signature, typed or printed name of registered 8	B		gent signature requi	red when reinstating) / DATE	ID DIDECTORS IN 12
12.	OFFICERS A	ND DIRECTORS DELETE	13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
TITLE	P PLOUTED DOMAID E	_ btttt				E purido E vocinon
NAME	FLOWERS, DONALD F		1.2 NAM			J
STREET ADDRESS	679 RED WING DR			ET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL 32748	DELETE	1.4 CITY 2.1 TITLE			☐ Change ☐ Addition
TITLE		□ bttele	2.2 NAM			C susings C results
NAME						
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		DELETE	2. 4 CITY 3.1 TITU	'- ST - ZIP		Change Addition
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NAME				ET ADDRESS		
STREET ADDRESS	•			1		
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NAME				1		
STREET ADDRESS				ET ADDRESS		
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TITLE		Detter				Final Committee The Committee
NAME			5.2 NAM	ì		
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 City			Change Addition
TITLE		L'1 nereit	6.1 11111	i		Outlings Reconton
NAME			6.2 NAM	1		
STREET ADDRESS				E1 ADDRESS		
CITY-ST-ZIP			64 CITY	- SI - ZIP		

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.