## 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 # K07048

(7)

LBS EN	MPLOYMENT AGENCY, INC.			I I ROTUSHI OLI OCTIC ISORE MOSEL MIOOT IRII DEMET	AIGH NINI AFRI DINI GIRIF ING
<b>.</b>					
Principal Plac	e of Business	Mailing Address		F 48010113 Rts 08164 19011 91904 1911 81811 1	DI DER DIDIT WINTE MENNINGEN
C/O SUZANNE PATRICK P. O. BOX 380781 2394 TAMIAMI TR. 2394 TAMIAMI TR. PORT CHARLOTTE FL 33952-0922 MURDOCK FL 33938-0781				DO NOT WRITE IN TH	HIS SPACE
		US		3. Date Incorporated or Qualified	
9 Principal P	face of Business	2a. Mailing Address		12/14/1987 4. FEI Number	Applied For
21	iace of Dusiliess	25			Applied For Not Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	<del></del>	65-0020979	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the	
24	25		10	Personal Property Tax due June 30.	Yes X No
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Register	ed Agent
PATRICK, SUZANNE			oi Name		
18850 LAKE WORTH BLVD			82 Street	Address (P.O. Box Number is Not Acceptable)	
PO	RT CHARLOTTE FL 33948		83		
			63		
			84 City	-	85 Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statutes	the above-named		
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 regist 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 registe agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					appointment as registered
SIGNATURE	minus was, and accept the conga	10110 01, 0001011 007.0000; 1 1011	da dandido.		
SIGNATURE	Signature, typed or printed name of registered ager		Registered Agent signature	required when reinstating) DAT	
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PTS	L DELETE	1.1 TITLE	PTS Palace	Change Addition
NAME	SUZANNE, PATRICK		1.2 NAME	Suzanie Harrich	
STREET ADDRESS	18850 LAKE WORTH BLVD		1.3 STREET ADDRESS	Suzanne Patrick 130 Bocilla Dr Don Redro, FL	
CITY-ST-ZIP	PORT CHARLOTTE FL	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
TITLE NAME		been	2.7 TITLE 2.2 NAME		TI cutation
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP	.∵ . <del>**</del> *	
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		<u> </u>
STREET ADDRESS			3.3 STREET ADDRESS		
C!TY+ST-ZiP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6,1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY ST. ZIP			6.4 CITY - ST - ZIP		

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). 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 attackment with an address.

SIGNATURE:

JUNEAN POTESTREQUIRED

(941)629.2611

**FILED** 

Jan 26 1998 8:00am

Secretary of State

72E034 (10/97)