

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 # **K90880** (1)
1. Corporation Name
THE CENTRE OF LBK, INC.



Principal Place of Business: **P O BOX 3798 % JOHN J. SHEA, JR., P.O. BOX 3798 SARASOTA FL 34230 US**
Mailing Address: **PO BOX 3798 SARASOTA FL 34230 US**

3. Date Incorporated or Qualified: **05/18/1989**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0141847**
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

2. Principal Place of Business: **21 Coleman, Elizabeth A.**
22 **5370 Gulf of Mexico Drive**
23 **Longboat Key, Fl**
24 **34228** Country: **US**
2a. Mailing Address: **26 5370 Gulf of Mexico Drive**
27 Suite, Apt. #, etc.
28 **Longboat Key, Fl.**
29 **34228** Country: **US**

9. Name and Address of Current Registered Agent
SHEA, JOHN J., JR
720 S ORANGE AVE
SARASOTA FL FL 34236

10. Name and Address of New Registered Agent
81 Name: **Shea, John J. Jr.**
82 Street Address (P.O. Box Number is Not Acceptable): **2940 South Tamiami Trail**
83
84 City: **Sarasota** FL 85 Zip Code: **34239**

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: *[Signature]* **John J. Shea, Jr.** 2/8/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	COLEMAN, ELIZABETH A.	
STREET ADDRESS	5370 GULF OF MEXICO DR	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BATTALAN, ALEXANDER	
STREET ADDRESS	40, THE NETHERLANDS	
CITY-ST-ZIP	CE MA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CHATTIN, DANA R.	
STREET ADDRESS	5370 GULF OF MEXICO DR	
CITY-ST-ZIP	LONGBOAT KEY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	34228
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	34228
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Pelsers, Henny
4.3 STREET ADDRESS	Alexander Battalaan 40
4.4 CITY-ST-ZIP	6221 CE, Maastricht, Netherlands
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: *[Signature]* **Elizabeth A. Coleman P/S/D** 2/8/96 941 358-1299
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)