

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

FILED
May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business Mailing Address
C/O ELIZABETH COLEMAN
5370 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228
US
5370 GULF OF MEXICO DRIVE
LONGBOAT KEY FL 34228-2047
US

3. Date Incorporated or Qualified 05/18/1989
3a. Date of Last Report 04/10/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0141847		Applied For Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent SHEA, JOHN J., JR 2940 S. TAMiami TRAIL SARASOTA FL FL 34239				10. Name and Address of New Registered Agent			
				81	Name BECKER & POLIAKOFF John Shea		
				82	Street Address (P.O. Box Number is Not Acceptable) 630 S. Orange Avenue		
				83			
				84	City	FL	85 Zip Code 34236

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]* DATE 5/15/97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PSD	<input type="checkbox"/> DELETE	1.1 TITLE	PT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	COLEMAN, ELIZABETH A.		1.2 NAME				
STREET ADDRESS	5370 GULF OF MEXICO DR		1.3 STREET ADDRESS				
CITY-ST-ZIP	LONGBOAT KEY FL		1.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	PELSERS, HENNY		2.2 NAME				
STREET ADDRESS	ALEXANDER BATTALAN 40		2.3 STREET ADDRESS				
CITY-ST-ZIP	8221 CE MAASTRICHT NE		2.4 CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CHATTIN, DANA R.		3.2 NAME				
STREET ADDRESS	5370 GULF OF MEXICO DR		3.3 STREET ADDRESS				
CITY-ST-ZIP	LONGBOAT KEY FL		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME			4.2 NAME	SHARON A. SHACKLETT			
STREET ADDRESS			4.3 STREET ADDRESS	5370 Gulf of Mexico Dr.			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Longboat Key, FL 34228			
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 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 *[Signature]* Elizabeth A. Coleman 4/15/97/9411383 6421

CR2E034 (9/96)