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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  
C/O ELIZABETH COLEMAN  
5370 GULF OF MEXICO DRIVE  
LONGBOAT KEY FL 34228  
US

Mailing Address  
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		Applied For	
21		26		65-0141847		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	
Zip		Zip		Country		Country	
24		29		Country		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 & POLLAKOFF~~ John Shea  
82 Street Address (P.O. Box Number is Not Acceptable)  
630 S. Orange Avenue  
83  
84 City Sarasota, 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, to 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]* (NOTE: Registered Agent's signature required when resigning) DATE 5/15/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	1.1 TITLE	PT
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	2.1 TITLE	
NAME	PELSERS, HENNY	2.2 NAME	
STREET ADDRESS	ALEXANDER BATTALAAN 40	2.3 STREET ADDRESS	
CITY-ST-ZIP	6221 CE MAASTRICHT NE	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
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		4.1 TITLE	S
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		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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)