

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 16, 1999 8:00 am  
Secretary of State

03-16-1999 90053 050 \*\*\*150.00

DOCUMENT # K90880

1. Corporation Name

THE CENTRE OF LBK, INC.

Principal Place of Business

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

Mailing Address

5370 GULF OF MEXICO DRIVE  
LONGBOAT KEY FL 34228  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/18/1989

4. FEI Number

65-0141847

Applied For

Not Applicable

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 SUITE 208

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 SUITE 208

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

SHEA, JOHN  
630 S ORANGE AVE  
SARASOTA FL FL 34239

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PT ☐ DELETE

NAME BREUER, ELIZABETH  
STREET ADDRESS 5370 GULF OF MEXICO DR  
CITY-ST-ZIP LONGBOAT KEY FL

TITLE D ☒ DELETE

NAME PELSERS, HENNY  
STREET ADDRESS ALEXANDER BATTALAN 40  
CITY-ST-ZIP 6221-CE MAASTRICHT NE

TITLE S ☐ DELETE

NAME SHACKLETT, SHARON A  
STREET ADDRESS 5370 GULF OF MEXICO DR  
CITY-ST-ZIP LONGBOAT KEY FL

TITLE D ☐ DELETE

NAME MARTYN DAVID CRESPEL  
STREET ADDRESS P.O. BOX 546 28-30 THE PARADE  
CITY-ST-ZIP ST. HELIER JERSEY JE4 8XY  
CHANNEL ISLANDS, UK

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

SUITE 208

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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, with all other like empowered.

SIGNATURE: Elizabeth A. Breuer ELIZABETH A. BREUER 3/9/99 941-303-6424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0470051