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PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

L51102 DOCUMENT #
1. Corporation Name

(6)

L.B. INTERIORS, INC.

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D	LB. INTER
ET	P.O. BOX 1



Principal Place		Mailing Address						
% LOLLY B 5015 HAYES		L.B. INTERIORS. INC. P.O. BOX 7265						
HOLLYWOOD FL 33021		HOLLYWOOD FL 33081 US	HOLLYWOOD FL 33081 US		3. Date Incorporated or Qualified 02/08/1990	3a. Da	03/21/1	995
2. Principal Pla	en of Rusings	2a. Mailing Address			4 FELNumber		I T	Applied For
2. Principa: Plai 21	ICG OL Brighings		SATIO	INC.	65-0173818			Not Applicable
Suite, Apt. #	, etc.	26 L.B. INTE	E.(URCO)		5. Certificate of Status Desired			Additional
12		27 BO 15 HA	es S	<u>+ </u>	5. Certificate of States Bosiles		Fee	Required
City & State		City & State 28 Holly wood	١,		Election Campaign Financing Trust Fund Contribution		Adde	O May Be d to Fees
Ž(p	Country 25	29 3302 [Counts 30 OS	A		□No		199.032,
<u></u>	9. Name and Address of Cu	urrent Registered Agent			10. Name and Address of New F	Registere	d Agent	
			81	Name				
	ARD, LOLLY Hayes Street		82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
	WOOD FL 33021		83					
			84	City		F	85 Z	ip Code
or registers	ad abent, or both, in the State of	r Florida. Such change was authorized	a by the corpo	ration's board	ation submits this statement for the pu d of directors. I hereby accept the app	American	as registers	o agona rom
familiar wit	th, and accept the obligations of,	, Section 607.0505, Florida Statutes.						
familiar wit	th, and accept the obligations of, Signature, typed or printed name of registeroo	d agent and title if a plicable. (NOT)	E: Registered Agent		o vrten renstatrig)	DATE	ND DIDECT	ODS IN 12
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I do nereby 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 certification of 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

PRINTED NAME OF SIGNING OFFICER THE PRECTOR

4-18-96 (954) 987-1462