FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **L98395** **(1)**

1. Corporation Name

LIDBUSTER, INC.

Principal Place of Business	Mailing Address
~~19527 BAY VIEW ROAD~~ ~~BOCA RATON FL 33434~~	~~19527 BAY VIEW ROAD~~ ~~BOCA RATON FL 33434~~

3. Date Incorporated or Qualified: 09/07/1990
3a. Date of Last Report: 04/28/1995
4. FEI Number: 65-6218427 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21: 2886 BANYAN BLVD. CIRCLE NW
22: Suite, Apt. #, etc.:
23: City & State: BOCA RATON, FLORIDA
24: Zip: 33431 — 25: Country:

2a. Mailing Address
26: 2886 BANYAN BLVD CIRCLE N.W
27: Suite, Apt. #, etc.:
28: City & State: BOCA RATON, FLORIDA
29: Zip: 33431 — 30: Country:

9. Name and Address of Current Registered Agent

MERLES, ELAINE B.
~~19527 BAY VIEW ROAD~~
~~BOCA RATON FL 33434~~

10. Name and Address of New Registered Agent

81 Name: ELAINE B. MERLES
82 Street Address (P.O. Box Number is Not Acceptable): 2886 BANYAN BLVD CIRCLE NW
83:
84 City: BOCA RATON — FL — 85 Zip Code: 33431

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: Elaine B Merles — 4/1/96
(Typed or printed name of registered agent and title if applicable) (Registered Agent's signature required if changed) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MERLES, ROBIN L		1.2 NAME	
STREET ADDRESS	5521 CROYDON CT		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MERLES, ELLIOTT W		2.2 NAME	
STREET ADDRESS	161 SW 6TH TERR		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		2.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MERLES, WALLACE R		3.2 NAME	
STREET ADDRESS	19527 BAY VIEW RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	MERLES, DAVID J		4.2 NAME	
STREET ADDRESS	161 SW 6TH TERR		4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MERLES, ELAINE B		5.2 NAME	
STREET ADDRESS	19527 BAY VIEW RD		5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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 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: Elaine B Merles ELAINE B. MERLES S/D — 4/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

CR2E034 (12/95)