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Feb 07 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 # L98395

1. Corporation Name

LIDBUSTER, INC.

Principal Place of Business

Mailing Address

2886 BANYAN BLVD. CIRCLE NW
BOCA RATON, FL 33431

2886 BANYAN BL. CIR. NW
BOCA RATON, FL 33431

3. Date Incorporated or Qualified

9/7/90

3a. Date of Last Report

4/1/96

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ELAINE B. MERLES
2886 BANYAN BLVD. CIRCLE NW
BOCA RATON, FL 33431

81 Name

ELAINE B. MERLES

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

2886 BANYAN BLVD. CIRCLE N.W

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

2/1/97

Signature of registered agent or person authorized to register agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME PD
STREET ADDRESS MERLES, ROBIN L
CITY-STATE-ZIP 5521 CROYDON CT
BOCA RATON, FL 33486

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME VPD
STREET ADDRESS MERLES, ELLIOTT W.
CITY-STATE-ZIP 161 SW 6TH TERR
BOCA RATON FL 33486

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME T
STREET ADDRESS MERLES, WALLACE R.
CITY-STATE-ZIP 2886 BANYAN BLVD. CIRCLE NW
BOCA RATON, FL 33431

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME VD
STREET ADDRESS MERLES, DAVID J.
CITY-STATE-ZIP 161 SW 6TH TERR.
BOCA RATON, FL 33486

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME BD
STREET ADDRESS MERLES, ELAINE B.
CITY-STATE-ZIP 2886 BANYAN BLVD. CIR. NW
BOCA RATON FL 33431

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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

Elaine B. Merles ELAINE B. MERLES S/D

2/1/97

(561) 989-0434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/96)