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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L98395

LIDBUSTER, INC.

Principal Place	e of Business	Maili	Mailing Address				- I 1981/6%) DEN 1810) (GIDO 1/410 IDINI BILL BIDIL BIDIK BI	881	
2886 BANYAN BLVD CIRCLE NW BOCA RATON FL 33431		2886 BANYAN BLVD - CIRCLE-NW					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed		
							09/07/1990		
2. Principal P	lace of Business	<u> </u>	Mailing Address				4. FEI Number Applied For		
21		26	Suite, Apt. #, etc.				65-6218427 Not Applica \$8.75 Additiona		
Suite, Apt. #, etc.		\vdash	⊢				5. Certificate of Status Desired Fee Required	"	
City & State		27	City & State				6. Election Campaign Financing S5.00 May Be		
23		⊢	28				Trust Fund Contribution Added to Fees	}	
Zip	Country		Zip Count				8. This corporation owes the current year Intangible		
24	25	25 29 30		30			Personal Property Tax. Yes No		
	9. Name and Address of Curre	nt Registe	red Agent				10. Name and Address of New Registered Agent		
	NE 5 MEDI 50			8	1	Name		ļ	
ELAINE B MERLES 2886 BANYAN BLVD CIRCLE NW				8:	2	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	A RATON FL 33431								
DUU	A NATUN FL 33431			8:	3]	
				8-	4	City	FL 85 Zip Code		
office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida	. Such change was au	thorized b	yτ	tne corporation	oration submits this statement for the purpose of changing its registere in's board of directors. I hereby accept the appointment as registered	ed	
SIGNATURE	Signature, typed or printed name of registered ag	jent and title if a	applicable. (NOTE: I	Registered Ag	ent	t signature required			
12.	OFFICERS A	ND DIREC		13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	_	
TITLE	PD		☐ DELETE	1.1 TITLE			. Criange C. Au		
NAME	MERLES, ROBIN L			1.2 NAME					
STREET ADDRESS	- · · - · · · · · · · · · · · · · · · ·			1		ADDRESS		}	
CITY-ST-ZIP	BOCA RATON FL		☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		-ZIP	☐ Change ☐ Ad	dition	
TITLE			_ pere-re	2.1 MLE				ł	
NAME	Merles, elliott w 161 SW 6th terr					ADDRESS		j	
STREET ADDRESS CITY-ST-ZIP	BOCA RATON FL			2. 4 CITY					
TITLE	T		☐ DELETE	3.1 TITLE			☐ Change ☐ Ad	dition	
NAME	MERLES, WALLACE R			3.2 NAME	=				
STREET ADDRESS	2886 BANYAN BLVD CIRCLE	: NW		3.3 STRE	ET.	ADDRESS		ļ	
CITY-ST-ZIP	BOCA RATON FL 33431			3.4. CITY	-ST	T-ZIP	<u> </u>		
TITLE	VD	VD DELETE		4.1 TITLE	4.1 TITLE		Change Ad	dition	
NAME	MERLES, DAVID J			4. 2 NAM	E .		·		
STREET ADDRESS	161 SW 6TH TERR			4.3 STRE	ET.	ADDRESS			
CITY-ST-ZIP	BOCA RATON FL		- · · · · · · · · · · · · · · · · · · ·	44 CITY	_	-ZIP			
TITLE	SD		☐ DELETÉ	51 TITLE			☐ Change ☐ Ad	dition	
NAME	MERLES, ELAINE B			5.2 NAME			· '	İ	
STREET ADDRESS		NW				ADDRESS			
CITY-ST-ZIP	BOCA RATON FL 33431		Floriere	5.4 CITY-		:-ZIP	☐ Change ☐ Ad	ldition	
TITLE			☐ DELETE	6.1 TITLE 6.2 NAME			[_] Criange [_] Ad	-QIUUII	
NAME						ADDRESS	·	- {	
CTREET ADDRESS									

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 chapter 607, on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP