

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M43658**

(7)

1. Corporation Name

LYB, INC.

Principal Place of Business

**224 COMMERCIAL BLVD
STE 200
LAUDERDALE BY THE SEA FL 33308**

Mailing Address

**224 COMMERCIAL BLVD
STE 200
LAUDERDALE BY THE SEA FL 33308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/22/1986

3a. Date of Last Report

04/27/1994

4. FEI Number

65-0000055

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FRIEDT, THEODORE T.
224 COMMERCIAL BLVD
SUITE 200
LAUDERDALE BY THE SEA FL 33308**

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 of person (other than registered agent) authorized to sign this report (if not the registered agent, signature required when filing this report)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

DP

NAME

FRIEDT, THEODORE K.

STREET ADDRESS

224 COMMERCIAL BLD #200

CITY, ST, ZIP

LAUDER BY THE SEA FL

1.1 TITLE

☒ Change ☐ Addition

1.2 NAME

Friedt, Theodore K.

1.3 STREET ADDRESS

224 Commercial Blvd.

1.4 CITY, ST, ZIP

Lauderdale By The Sea, FL 33308

TITLE

OV

NAME

HOLZER, WILLIAM J.

STREET ADDRESS

224 COMMERCIAL BLD #200

CITY, ST, ZIP

LAUDER BY THE SEA FL

2.1 TITLE

Delete (Deceased)

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

TITLE

DS

NAME

FRIEDT, GLENN H.

STREET ADDRESS

224 COMMERCIAL BLD #200

CITY, ST, ZIP

LAUDER BY THE SEA FL

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

Friedt, Glenn H.

3.3 STREET ADDRESS

224 Commercial Blvd.

3.4 CITY, ST, ZIP

Lauderdale By The Sea, FL 33308

TITLE

DT

NAME

WOOD, DAVID C.

STREET ADDRESS

224 COMMERCIAL BLD #200

CITY, ST, ZIP

LAUDER BY THE SEA FL

4.1 TITLE

Delete

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(b), 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or my an attachment with an address.

SIGNATURE: *X*

Theodore K. Friedt, Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/95

(305)493-7485