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**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name

(7)

WEBB-LEIBY ENTERPRISES, INC.

## **FILED** Apr 13 1998 8:00am Secretary of State



Principal Place of Business   Mailing Address   2100 SW 154 AVE   OOULDS FL 33170   DO NOT WRITE IN THIS SPACE	Principal Place of Business   Mailing Address	DO NOT WRITE IN THIS SPACE rated or Qualified 38  Applied For Not Applicable Status Desired \$8.75 Additional Fee Required paign Financing \$5.00 May Be
### COULDS FL 33170  ### COULD	COULDS FL 33170  GOULDS FL 33170  3. Date Incorporation (06/29/1988   2. Principal Place of Business   2. Mailing Address   4. FEI Number   55-006184   5Ulte, Apit. #, etc.   5. Certificate of Site   5. Certificate of Site   5. Certificate of Site   7. City & State   8. City State   8. C	Applied For Not Applicable  Status Desired Status D
S. Principal Piace of Business   2a. Mailing Address   4. FEI Number   Applied For   21   25   26   36   4. FEI Number   Applied For   Not Applicable   Sulto, Apf. #, etc.   Status Desired   \$8.75 Additional   \$8.00 May Be   27   27   27   27   27   27   27   2	2. Principal Ptace of Business 2. Mailing Address 3. FEI Number 65-006184  2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 3. Country 3. This corporation 4. Personal Proper 5. Name and Address of Current Registered Agent 4. Replaced Agent 4. Replaced Agent 5. Centrolled Company 6. This corporation 6. Election Campa 7. Trust Fund Cont 7. Personal Proper 8. Name and Address of Current Registered Agent 6. This corporation 6. Personal Proper 7. Suite, Apt. #, etc. 7. Street Address (P.O. Box Number 8. Street Address (P.O. Box Number 9. Street	841 Applied For Not Applicable Status Desired \$8.75 Additional Fee Required paign Financing \$5.00 May Be
2. Mailing Address   2a. Mailing Address   4. FEI Number   Applied For Not Applied Space   5. Suite, Apt. #, etc.   27   Suite, Apt. #, etc.   28   Suite, A	2. Principal Place of Business 2a. Mailing Address 65-006184 Suite, Apt. #, etc. 5. Certificate of Site 27	Applied For Not Applicable  Status Desired Status Desired Fee Required  \$5.00 May Be
SUIC. April. 4, etc.    Suito, April. 6, etc.   Suito,	Suite, Apt. #, etc.  27  City & State  28  City & State  29  20  Country  28  City & State  29  Country  30  Personal Proper  BROWN, ROBERT B., Ill  25 WEST FLAGLER STREET  MIAMI FL 33130  83  84  City  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this ste office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors agent. I am familiar with, and accept the obligations of, Sections 607.0502 and file if supricination 607.0505, Florida Statutes, the above-named corporation submits this ste office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this ste office or registered Agent agent and their applicable in 607.0505, Florida Statutes, the above-named corporation submits this ste office or registered Agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this ste office or registered Agent agent and their applicable in 607.0505, Florida Statutes, the above-named corporation submits this ste office or registered Agent	Status Desired Status
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Zip	28 Trust Fund Cont 2ip Country 2 Zip Country 8. This corporation 24 26 29 30 Personal Proper 9. Name and Address of Current Registered Agent 10. Name and Add BROWN, ROBERT B., III 25 WEST FLAGLER STREET MIAMI FL 33130 81 Name 11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this state office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors agent. I am familiar with, and accept the obligations of, Socilion 607.0505, Florida Statutes.  SIGNATURE Signature typad or protest name of registered agent and liter # applicable   INOTE Registered Agent agenture required when reinstalling)  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHAITILE NAME BROWN, TALLUAH W. 21601 S.W. 154TH AVE. 11 STREET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS SIRRET ADDRESS CITY-ST-ZIP TITLE NAME SIRRET ADDRESS	
25   26   29   30   Personal Property Tax due June 30.    Yes   No	24	ontribution
BROWN, ROBERT B., III 25 WEST FLAGLER STREET MIAMI FL 33130  11. Pursuant to the provisions of Soctions 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 sociept the appointment as registered spent, and the registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby sociept the appointment as registered spent, and the registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby sociept the appointment as registered spent, and the registered agent appears required when releasting.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  PVP  DREFT ADDRESS  CITY-S1-2P  BROWN, TALLUAH W.  12 MME  BROWN, TALLUAH W.  12 MME  BROWN, TALLUAH W.  13 STREET ADDRESS  CITY-S1-2P  DREFT ADDRESS  CITY-S1-2P  TITLE  DREFT ADDRESS  CITY-S1-2P	9. Name and Address of Current Registered Agent BROWN, ROBERT B., III 25 WEST FLAGLER STREET MIAMI FL 33130  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this ste office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE Signature hypad or printed name of registered agent and life if applicable  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHAITILE NAME BROWN, TALLUAH W.  STREET ADDRESS CITY-ST-2IP  TITLE MAME STREET ADDRESS CITY-ST-2IP  DELETE 3.1 TITLE MAME STREET ADDRESS CITY-ST-2IP  TITLE MAME STREET ADDRESS CITY-ST-2IP  DELETE 3.1 TITLE MAME STREET ADDRESS CITY-ST-ZIP  TITLE MAME STREET ADDRESS CITY-ST-ZIP  DELETE 3.1 TITLE MAME 3.2 NAME 4.2 NAME 4.3 STREET ADDRESS	
BROWN, ROBERT B., III 25 WEST FLAGLER STREET MIAM! FL 33130  82 Street Address (P.O. Box Number is Not Acceptable)  83  84 City FL 85 Zip Code  11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, are the final with, and acceptable obligations of Socion 607.0505, Florida Statutes.  SIGNATURE Signature upper or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby sceept the appointment as registered agent, and the provision is possible of the purpose of change its registered agent speakure expired when remaining in the purpose of change its registered agent speakure expired when remaining in the purpose of change its registered agent agent expeature expired when remaining in the purpose of change its registered agent agent expeature expired when remaining in the purpose of change its registered agent agent expeature expired when remaining in the purpose of change its registered agent agent expeature expired when remaining in the purpose of change its registered agent agent expeature expired when remaining in the purpose of change its registered agent agent expeature expired when remaining in the purpose of change its registered agent agent expeature expired when remaining in the purpose of change its registered agent agent expeature expired when remaining in the purpose of change in the purpose	BROWN, ROBERT B., III 25 WEST FLAGLER STREET MIAMI FL 33130  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this state of flore or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typad or printed name of registered agent and left if applicable (NOTE: Registered Agent signature required when reinstalling)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHA  TITLE  BROWN, TALLUAH W.  21801 S.W. 154TH AVE.  GITY-ST-2IP  GOULDS FL  TITLE  DELETE  1.1 TITLE  DELETE  2.1 TITLE  DELETE  2.3 STREET ADDRESS  CITY-ST-2IP  TITLE  MAME  STREET ADDRESS  GITY-ST-2IP  TITLE  MAME  STREET ADDRESS  GITY-ST-2IP  TITLE  MAME  STREET ADDRESS	
25 WEST FLAGLER STREET MIAMI FL 33130  82 Street Address (P.O. Box Number is Not Acceptable)  83   Street Address (P.O. Box Number is Not Acceptable)  84   City   FL   85   Zip Code  85   Zip Code  11. Pursuant to the provisions of Socions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, or registered agent, or purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature typad or printed raise of registered agent and five 7 applicable.  PVP	25 WEST FLAGLER STREET MIAMI FL 33130  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this ste office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, typad or printed name of registered agent and life if applicable (NOTE: Registered Agent aignature required when reinstaling)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHAI  TITLE  PVP  DELETE  1.1 TITLE  BROWN, TALLUAH W.  1.2 NAME  STREET ADORESS  21801 S.W. 154TH AVE.  CITY-ST-ZIP  GOULDS FL  TITLE  DELETE  2.1 TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  DELETE  3.1 TITLE  NAME  STREET ADORESS  CITY-ST-ZIP  TITLE  DELETE  3.3 STREET ADORESS  CITY-ST-ZIP  TITLE  AMME  3.3 STREET ADORESS  CITY-ST-ZIP  TITLE  AMME  4.2 NAME  4.3 STREET ADORESS  CITY-ST-ZIP  TITLE  AMME  STREET ADORESS  CITY-ST-ZIP  TITLE  AMME  4.1 TITLE  AMME  4.2 NAME  4.3 STREET ADORESS	ddress of New Registered Agent
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11. Pursuant to the provisions of Soctions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and accept the obligations of, Section 697.0505, Florida Statutes.  SIGNATURE  SIGNATURE  Signature typed or printed name of registered agent and life if applicable.  (NOTE Registered Agent	11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this site office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and life if applicable   (NOTE: Registered Agent aignature required when reinstating)	
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NAME 6.3 TITLE 5.3 TITLE 5		

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 suppliermental 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 of an attachment with an address.