FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M93869

1. Corporation	n Name	9					
LABON	NVESTMENTS, INC.						
D 111011					I SEASONIE HIA INIUS HING AND AND TO AND	14 418 11 619 14 418 11 61 9	III 1111 III
				•			
Principal Place	e of Business	Mailing Address				PI BIBLY BIBLY BIBLY BY	
% LAURIE LEE % LAURIE LEE 1059 CHESTERFIELD CIRCLE 1059 CHESTERFIELD CIRCLE			LE				
WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
	·_				08/11/1988		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		lied For
21		26			NOT APPLICABLE		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	\$8.75 Ad		
22		27				Fee Req	
City & State	e	City & State			6. Election Campaign Financing	\$5.00 h	-
23	<u> </u>	28			Trust Fund Contribution	Added to	Fees
Zip	Country	Zip '	Count	ry	8. This corporation owes the current year	Intangible	No
24	25	29	30		Personal Property Tax. 10. Name and Address of New Register		4110
	9. Name and Address of Curre	nt Registered Agent		1 Name	10. Name and Address of New Register	eu Agent	
1 5 5	IALIDIC		"	Name			
LEE, LAURIE 1059 CHESTERFIELD CIRCLE			8	2 Street Add	ress (P.O. Box Number is Not Acceptable)		Ì
WINTER SPRINGS FL 32708			-		_,		
AAIIAI	IEN SPHINGS PL 32700		ľ	3			}
			8	4 City	-	85 Zip C	ode
	·					:L "	<u> </u>
11. Pursuant office or r	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florida Statu e of Florida. Such change was	ites, the abo authorized b	ve-named corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	pointment as reg	istered
agent. I a	m familiar with, and accept the obliga-	ations of, Section 607.0505, Fi	orida Statute) S.			Į.
SIGNATURE	Olerator Land and State Land of Positional and	not and title if applicable (NOT	E: Registered &	ent signature require	ad when reinstating) DATE		{
Signature, typed or printed name of registered agent and title if applicable. (NOTE: 12. OFFICERS AND DIRECTORS			13.	your organization to quite	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	D	DELETE	1.1 TITLE			Change	☐ Addition
NAME	LEE, LAURIE		1.2 NAMI	Ē			
STREET ADDRESS	1059 CHESTERFIELD CIRCLE			ET ADDRESS	•		
	WINTER SPRINGS FL		1.4 CITY	ł			ļ
CITY-ST-ZIP TITLE	WINTER SPRINGS IL	☐ DELETE	2.1 TITLE			Change	☐ Addition
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NAME	}			Į.			į
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		☐ DELETE	5.4 CITY	-ST-ZIP		Change	Addition

CITY-ST-ZIP 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 of 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 one an attachment with any address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

FILED Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90055 023 ***150.00