

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P93000023349 (2)**

1. Corporation Name

**LTAB INTERNATIONAL, INCORPORATED**



Principal Place of Business

Mailing Address

~~PO BOX 698  
NEW CAMBLE IN 46552  
US~~

~~PO BOX 693  
NEW CAMBLE IN 46552  
US~~

2. Principal Place of Business

2a. Mailing Address

21 **2416 ST DAVID'S ISL CT**

26

State, Apt. #, etc.

27

22 City & State

28 **SAME**

23 **PUNTA GORDA, FL**

29

24 Zip **33950**

25 County

30

Country

9. Name and Address of Current Registered Agent

**RUSSELL, W. KEVIN  
18501 MURDOCK CIRCLE  
6TH FLOOR  
PORT CHARLOTTE FL 33948**

81 Name

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

83

84 City

FL

85 Zip Code

3. Date Incorporated or Qualified

**03/26/1993**

3a. Date of Last Report

**03/01/1995**

4. FEI Number

**65-0412260**

Applied For  
Not Applicable

5. Creation 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

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.0504, Florida Statutes, the above named corporation submits the 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 I accept the obligations of, Section 617.0504, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																																																																																																																								
<table border="1"> <tr> <td>12.1</td> <td>NAME</td> <td><b>D</b></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>12.2</td> <td>STREET ADDRESS</td> <td><b>HIDEN, MATTO</b></td> <td></td> </tr> <tr> <td>12.3</td> <td>CITY, ST, ZIP</td> <td><b>2416 ST. DAVID'S ISLAND COURT PUNTA GORDA FL 33950</b></td> <td></td> </tr> <tr> <td>12.4</td> <td>NAME</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>12.5</td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>12.6</td> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> <tr> <td>12.7</td> <td>NAME</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>12.8</td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>12.9</td> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> <tr> <td>12.10</td> <td>NAME</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>12.11</td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>12.12</td> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> <tr> <td>12.13</td> <td>NAME</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>12.14</td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>12.15</td> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> </table>	12.1	NAME	<b>D</b>	<input type="checkbox"/> DELETE	12.2	STREET ADDRESS	<b>HIDEN, MATTO</b>		12.3	CITY, ST, ZIP	<b>2416 ST. DAVID'S ISLAND COURT PUNTA GORDA FL 33950</b>		12.4	NAME		<input type="checkbox"/> DELETE	12.5	STREET ADDRESS			12.6	CITY, ST, ZIP			12.7	NAME		<input type="checkbox"/> DELETE	12.8	STREET ADDRESS			12.9	CITY, ST, ZIP			12.10	NAME		<input type="checkbox"/> DELETE	12.11	STREET ADDRESS			12.12	CITY, ST, ZIP			12.13	NAME		<input type="checkbox"/> DELETE	12.14	STREET ADDRESS			12.15	CITY, ST, ZIP			<table border="1"> <tr> <td>13.1</td> <td>NAME</td> <td><b>NAME CHANGE:</b></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>13.2</td> <td>STREET ADDRESS</td> <td><b>MATT W. CLIDEN</b></td> <td></td> </tr> <tr> <td>13.3</td> <td>CITY, ST, ZIP</td> <td><b>WEN SCHWARZENBURG</b></td> <td></td> </tr> <tr> <td>13.4</td> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>13.5</td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>13.6</td> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> <tr> <td>13.7</td> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>13.8</td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>13.9</td> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> <tr> <td>13.10</td> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>13.11</td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>13.12</td> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> <tr> <td>13.13</td> <td>NAME</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>13.14</td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>13.15</td> <td>CITY, ST, ZIP</td> <td></td> <td></td> </tr> </table>	13.1	NAME	<b>NAME CHANGE:</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.2	STREET ADDRESS	<b>MATT W. CLIDEN</b>		13.3	CITY, ST, ZIP	<b>WEN SCHWARZENBURG</b>		13.4	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.5	STREET ADDRESS			13.6	CITY, ST, ZIP			13.7	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.8	STREET ADDRESS			13.9	CITY, ST, ZIP			13.10	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.11	STREET ADDRESS			13.12	CITY, ST, ZIP			13.13	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition	13.14	STREET ADDRESS			13.15	CITY, ST, ZIP		
12.1	NAME	<b>D</b>	<input type="checkbox"/> DELETE																																																																																																																						
12.2	STREET ADDRESS	<b>HIDEN, MATTO</b>																																																																																																																							
12.3	CITY, ST, ZIP	<b>2416 ST. DAVID'S ISLAND COURT PUNTA GORDA FL 33950</b>																																																																																																																							
12.4	NAME		<input type="checkbox"/> DELETE																																																																																																																						
12.5	STREET ADDRESS																																																																																																																								
12.6	CITY, ST, ZIP																																																																																																																								
12.7	NAME		<input type="checkbox"/> DELETE																																																																																																																						
12.8	STREET ADDRESS																																																																																																																								
12.9	CITY, ST, ZIP																																																																																																																								
12.10	NAME		<input type="checkbox"/> DELETE																																																																																																																						
12.11	STREET ADDRESS																																																																																																																								
12.12	CITY, ST, ZIP																																																																																																																								
12.13	NAME		<input type="checkbox"/> DELETE																																																																																																																						
12.14	STREET ADDRESS																																																																																																																								
12.15	CITY, ST, ZIP																																																																																																																								
13.1	NAME	<b>NAME CHANGE:</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																						
13.2	STREET ADDRESS	<b>MATT W. CLIDEN</b>																																																																																																																							
13.3	CITY, ST, ZIP	<b>WEN SCHWARZENBURG</b>																																																																																																																							
13.4	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																						
13.5	STREET ADDRESS																																																																																																																								
13.6	CITY, ST, ZIP																																																																																																																								
13.7	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																						
13.8	STREET ADDRESS																																																																																																																								
13.9	CITY, ST, ZIP																																																																																																																								
13.10	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																						
13.11	STREET ADDRESS																																																																																																																								
13.12	CITY, ST, ZIP																																																																																																																								
13.13	NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																						
13.14	STREET ADDRESS																																																																																																																								
13.15	CITY, ST, ZIP																																																																																																																								

14. I do hereby certify that the information supplied by me in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(9)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 manager 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 of this report, or on an attached sheet with an address.

SIGNATURE:

*[Handwritten Signature]*  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/27/96**      **941/639-7092**

CR2E034 (12/95)