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FILED

Feb 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P93000028364 (6)

1. Corporation Name

LOST BLUE BOY, INC.



Principal Place of Business

3660 TIMBERLINE DR.  
EXECUTIVE PAVILION SUITE 412  
WEST PALM BEACH FL 33406  
US

Mailing Address

300 NW 82ND AVE  
EXECUTIVE PAVILION SUITE 412  
PLANTATION FL 33324-7807

2. Principal Place of Business

21 4740 Suburban Pines Dr

Suite, Apt. #, etc.

22 City & State

23 Lake Worth FL

Zip

24 33463

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

29

Country

30

3. Date Incorporated or Qualified

04/16/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0412307

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

9. Name and Address of Current Registered Agent

ANDREW L SIEGEL PA  
300 NW 82ND AVE  
SUITE 412  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME MATTOX, ALBERT W  
STREET ADDRESS 3660 TIMBERLINE DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE V ☐ DELETE  
NAME DIONNE, EDWARD  
STREET ADDRESS 3660 TIMBERLINE DRIVE  
CITY-ST-ZIP WEST PALM BEACH FL 33406

TITLE S ☐ DELETE  
NAME MATTOX, SANDRA H  
STREET ADDRESS 2151C WHITE PINE CIRCLE  
CITY-ST-ZIP WEST PALM BEACH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition  
1.2 NAME Mattox, Albert W  
1.3 STREET ADDRESS 4740 Suburban Pines Dr.  
1.4 CITY-ST-ZIP Lake Worth, FL 33463

2.1 TITLE V ☒ Change ☐ Addition  
2.2 NAME Dionne, Edward  
2.3 STREET ADDRESS 4740 Suburban Pines Dr  
2.4 CITY-ST-ZIP Lake Worth FL 33463

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 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 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 changed, or on an attachment with an address.

SIGNATURE:

Albert W. Mattox

2-18-97

561-642-2466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)