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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 02 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000080260 (1)

LDBB, INC.

Principal Plac		Mailing Address	Mailing Address				* ***********	is ialas titti čelit šėtų ga	10) MP1#1 188](eave util Billi	A=41 (42)
2045 BTATE RO SUITE 210 QOOOA FL 329		P.O. BOX 2092 COCOA FL 32923-2092									
118	E 0						3. Date Inco	orporated or Qualified		ate of Last R 01/1996	eport
2. Principal P	Place of Business	2a. Mailing Address				- 	4. FEI Num			Ar	plied For
21		26					59-3212018 Not Ap			ot Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.					5 Cortificat	e of Status Desired		\$8.75	Additional
22		27					o. Comical	e or Statos Desireo	L.J	Fee Re	equired
City & Stat	te	City & State					6. Election (Campaign Financing	_	\$5.00	May Be
23		28					Trust Fun	d Contribution		Added	to Fees
. Zip Country		Zip				.		oration has liability fo			. 199.032,
24	25		29 30				Florida Statutes Yes No 10. Name and Address of New Registered Agent				
	9. Name and Address of Curren	nt Hegistered Agent		81			O. Name ar	d Address of New F	legistered	Agent	
	IE, RICHARD C			81	Namo)					
	JAMES CIRCLE N.E.			82	Street	Address	(P.O. Box N	umber is Not Accept	able)		
PAU	M BAY FL 32905					·					
1				63							
3 5.			ŀ	84	City				P== 1	85 Zip (Code
							 		FL	<u>- </u>	
office or a agent. I a	to the provisions of Sections 607,050 registered agent, or both, in the State am familiar with, and accept the obligi	i2 and 607.1508, Florida Sta ⊢of Florida. Such change wa ations of, Section 607.0505,	itutes, the at as authorized Florida Stati	ove d by utes	the con	rporation's	tion submits s board of d	this statement for the frectors. I hereby acc	ept the ap	at changing it pointment as	s registered registered
SIGNATURE		,									ľ
SIGNATORIC	Signature, typed or printed name of registered agr	ric and title if applicable. (f	NOTE: Hegistered	Age	n: signature	re required wi			DATE		
12.	OFFICERS AN	D DIRECTORS	13.				ADDITION	S/CHANGES TO OFF	ICERS AN		
TITLE	P	☐ DELETE	1.1 TIT	tΓ		-				☐ Change	L. J. Addition
NAME	BARRETT, LEAH, D			1.2 NAME							i
STREET ADDRESS	834 EGRET RD		1351	RI ET	ADDRESS	:					
CITY-ST-ZIP	COCOA FL		1.4.00	Y~\$!	1 - ZIP	<u> </u>	pres				
TITLE	C	☐ DELFTE	2 1 1 11	l E		(Change	☐ Addition
NAME	BORIG, RICHARD, C			22 NAME BO		BORI	E, RIC	HARD C. CIRCLE HE			
STREET ADDRESS	745 JAMES CIRCLE NE		2.3 STREET ADDR		ADDRESS	145	ZYMES	CIRCLE NE			
: CITY+ST-ZIP	PALM BAY FL		2. 4 CI	1y - S	1-2IP	PALV	n Bay.	FL 3290	5		
TITLE	ST	☐ DELETE	3.1 111	lE			•			Change	Addition
NAME	BARRETT, PATRICK, E		3.2 NA	MŁ		ļ					į
STREET ADDRESS	834 EGRET RD		3.3 \$1	HEET	ADDRESS	1 .					
CITY-ST-ZIP	COCOA FL		34, C	TY-S	T-7/P						
TITLE		• DELETE	4 1 111	LF.						Change	Addition
NAME	1		4.2 N	AME		1					ľ
STREET ADDRESS	Į.		4.3 \$1	REEL	ADDRESS	:					
CITY-ST-ZIP			4.4 (CI	IY-S1	1 - Z(P						
. TITLE		DELETE	5.1 Til	ΙE		1				☐ Change	Addition
NAME			5.2 NA	ME		1					
. STREET ADDRESS			5.3 [5]	RELI	ADDRESS	.					
CITY-ST-ZIP			5.4 DI								
TITLE		DELETE	6.1 11)1		- <u>-</u>	1		·		Change	Addition
NAME	}		62 NA			1					Ì
STREET ADDRESS	1				ADDRESS	:					
Janes Applicati	1		000		Lighter H. Ord	1					

64 pity-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.