

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

05 JUL 21 AM 10:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000020918 (6)

Incorporator Name

LBU DESIGN, INC.

Principal Place of Business

Mailing Address

**2641 NE 27 TERRACE
FT LAUDERDALE FL 33305**

**2641 NE 27 TERRACE
FT LAUDERDALE FL 33305**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

03/14/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FID Number

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 net worth tax under § 190.010,
Florida Statutes**

☐ Yes ☐ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UHLAN, LINDA B
2641 NE 27 TERRACE
FT LAUDERDALE FL 33305**

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 607.054, and 607.150B, 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 607.050B, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Officer or Director)

(Signature of Registered Agent or Officer or Director)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

12a

**D
UHLAN, LINDA B
2641 NE 27 TERRACE
FT LAUDERDALE FL 33305**

13a

1. NAME

2. STREET ADDRESS

3. CITY, ST, ZIP

4. NAME

5. STREET ADDRESS

6. CITY, ST, ZIP

7. NAME

8. STREET ADDRESS

9. CITY, ST, ZIP

10. NAME

11. STREET ADDRESS

12. CITY, ST, ZIP

13. NAME

14. STREET ADDRESS

15. CITY, ST, ZIP

16. NAME

17. STREET ADDRESS

18. CITY, ST, ZIP

19. NAME

20. STREET ADDRESS

21. CITY, ST, ZIP

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*****25.00 *****25.00**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.07, 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. I am duly qualified to file this type of report on behalf of the corporation or the receiver or trustee empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1a or Block 1b of this report, or on an affidavit filed with an affidavit.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LINDA B UHLAN

4/10/95 (305)-5234457