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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000035137 (6)

LBC CAPITAL CORPORATION

Principal Place of Business Mailing Address 11883 PEBBLEWOOD DRIVE 11883 PEBBLEWOOD DRIVE **WELLINGTON FL 33414** WELLINGTON FL 33414 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/10/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0488597 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιρ Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. Yes 25 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent LEOPOLD, HARRY 11883 PEBBLEWOOD DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **WELLINGTON FL 33414** 64 City 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 pointed name of registered agent and little if applicable (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 □ DELETE 1.1 TITLE Change Addition TITLE LEOPOLD, HARRY NAME 1.2 NAME 11883 PEBBLEWOOD DRIVE STREET ADDRESS 1.3 STREET ADORESS WEST PALM BEACH FL 33414 CITY-ST-ZIP 14 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-7IP DELETE Change Addition TITLE 3.1 TITLE

64 CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes 1 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.

3.2 NAME

4.1 TITLE

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

63 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

NAME

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Harry Leggold

April 25, 1897

54-790-1479

Change

Change

Addition

___ Addition

Addition

FILED

May 06 1998 8:00am

Secretary of State