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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000038129**1. Corporation Name

LBK CONSULTING, INC.

						<u> </u>	<u> </u>	0
Principal Place of Business Mailing Address								
3332 SABAL COVE LANE 3332 SABAL COVE LANE								
LONGBOAT KEY FL 34228			LONGBOAT KEY FL 34228			DO NOT WRITE IN THIS SPACE		
US		US	US			3. Date Incorporated or Qualifed		
			_			05/20/1994		
Principal Place of Business 2a. Mailing Address					·	4. FEI Number	A _I	pplied For
21		26	26			65-0498562		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.					Additional
22	27				G. Goldhood of Oldres Doored	Fee R	equired	
City & State	9	City & State	City & State			6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country Zip Cou			ntry		8. This corporation owes the current year		
24	25 29 30			r		Personal Property Tax.	Yes	■No
	9. Name and Address of Curre	nt Registered Agent		1		10. Name and Address of New Registe	red Agent	
ıma	CAVIEU			81	Name			
LEVY, GAYLE H				82	Street Address (P.O. Box Number is Not Acceptable)		-	
3332 SABAL COVE LN								
LON	GBOAT KEY FL 34228			83				1
				84	City		85 Zip	Code
					•		FL	
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida S	statutes, the a	bove	-named corp	oration submits this statement for the purpos	e of changing its	s registered
office or n	egistered agent, or both, in the State m familiar with, and accept the obliga	e of Florida. Such change wations of, Section 607.0505	vas autnorized 5. Florida Stati	i by t utes.	ne corporation	on's board of directors. I hereby accept the a	ppolitiment as re	sylstered
•			•					İ
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registered	Agent	signature required	d when reinstating) DAT		
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	DST	☐ DELETE 1.1		ILE	İ		Change	Addition
NAME	LEVY, DANIEL H		1.2 N	ME				ļ
STREET ADDRESS	3332 SABAL COVE LANE		1.3 \$1	REET.	ADDRESS			
CITY-ST-ZIP	LONGBOAT KEY FL 1		1.4 CI	TY-ST	-ZIP		. 	
TITLE	OP □ DELETE 2.1 T		μE			☐ Change	☐ Addition	
NAME	EVY, GAYLE H		ME					
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		2.3 ST	2.3 STREET ADDRESS).
CITY-ST-ZIP	LONGBOAT KEY FL		2.40	2.4 CITY-ST-ZIP				
TITLE			E 3.1 TI	TLE			Change	☐ Addition
NAME			3.2 N	\ME	1			ľ
STREET ADDRESS			3.3 \$1	REET	ADDRESS			· ·
CITY-ST-ZIP			34.C	ITY-ST	r-ZIP			i
TITLE		☐ DELET					Change	☐ Addition
NAME			4.2N	AME				
STREET ADDRESS	j		43.51	REET	ADDRESS			
				TY-ST				
CITY-ST-ZIP TITLE		DELET					☐ Change	☐ Addition
		5555,	. 52 N/					
NAME					ADDRESS			
STREET ADDRESS				TY-ST				
CITY-ST-ZIP		☐ DÉLET					Change	Addition
TITLE		□ bere	6.2 N/					
NAME			0.210		1			

14. I 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

9413830160

FILED

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90037 018 ***150.00