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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000046342 (9)

LBH ENTERPRISES, INC.

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Apr 09 1997 8:00am
Secretary of State



1 <mark>2865 S.W. HW</mark> 216	ce of Business N, 17	Mailing Address 12865 S.W. HWY, 17 216				BLII GISIS SHODD ISLIF GIOIS ILGI IDOI
ARCADIA FL-33	994- 74266	ARCADIA FL 23821 US 3424	6		3. Date Incorporated or Qualified 06/21/1994	3a. Date of Last Report 04/15/1996
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
1	in 1,55 g pri service and print a majorite and appropriate and depending the property of the contract of the property of the contract of the c	56			65-0501764	Not Applicat
Suite, Apt	,	Suite, Apt. #, etc.	***************************************		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	le	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
7ip	Country	Zip	Coun	try	8. This corporation has liability for in	
34,2		29 34266	30			Yes No
	9. Name and Address of Curr	ent Hegistered Agent		Name	10. Name and Address of New Reg	Istered Agent
	D, JOHN A		"	Name		
	D & LARSON	LL D4144 444151	82 Street Ac		dress (P.O. Box Number is Not Acceptable)	
	NORTH COLLIER BLVD. (ROYA	AL PALM MALL)	ļ <u>.</u>	33		
MAH	ICO ISLAND FL 33937			23		•
			[e	City		FL 85 Zip Code
office or r	registered agent, or both, in the Sta am famil ar with, and accept the obl	ate of Florida. Such change was ligations of, Section 607.0505, I	s authorized	by the corpora	rporation submits this statement for the pu ation's board of directors. I hereby accept	urpose of changing its registered the appointment as registered
	Signature, typing or purified name of registered			Agent signature req	uired when reinstalling)	DATE
2.	OFFICERS A	AND DIRECTORS DELETE	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICE	Change Additi
ITLE IAME	HILBORN, DR. BRUCE	☐ DETEIR	1,1 ((1)	`		Change C Additi
			1.2 NAM	1		
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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 chapted, or on an attachment with an address.

SIGNATURE:

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