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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jan 29 1997 8:00am Secretary of State

1997 DOCUMENT # P94000059146 (8)

L.B.J. M	ARINA ENTERPRISES, INC.				
Principal Place	of Business	Mailing Address		E AND INERNI AND INNII DLOGE CORATI MONII ANNIII	, DANSE BALLA SPARI TIDIL DIDEN DISI INDI
YACHTMAN'S COVE 521 NW 14TH ST DELRAY BEACH FL 33435		1406 N FEDERAL HWY BOYNTON BEACH FL 33435-3234 US			
US				<ol> <li>Date Incorporated or Qualified 08/10/1994</li> </ol>	3a, Date of Last Report 05/01/1996
2. Principal Pla	ace of Business TH AUE	2a. Mading Address 26		4. FE! Number 59-3272716	Applied For Not Applicable
Suite Apt #	ton BCH FC	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	35	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip <b>24</b>	Country 25	Zip 29	Country 30	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, ] Yes ☑ No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Reg	platered Agent
521	LETTI, JOHN A NORTHWEST 14TH STREET RAY BEACH FL 33444		82 Street Co 83 Street Co	idress S. E. Box Hyrror Firstlot Achepter	FL 85 Zip Code
agent. Lar SIGNATURE	n familiar with, and accept the obliga	tions of, Section 607,0505, FR	orida Statules.	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of changing its registered at the appointment as registered
	Signature, typed or printed name of registered agen		E: Registered Agent signature re	<u> </u>	DATE
12.	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
TITLE	PAOLETTI, LOUIS F	- Deterie			Till grande Til vocation
NAME	521 NORTHWEST 14TH STREE	<b>.</b> T	1.2 NAME 1.3 STREET ADDRESS		
STREFT ADDRESS	DEL RAY BEACH FL 33444	• 1	1.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE	D DELIVIT DENOTITE COTTY	DELETE	2.1 TITLE		Change Addition
NAME	PAOLETTI, JOHN A		2.2 NAME	1406 N. FED. HU BOGNTON BCH. FL	
STREET ADDRESS	521 NORTHWEST 14TH STREET	T	2.3 STREET ADDRESS	700	83425
CITY-ST-ZIP	DEL RAY BEACH FL 33444		2. 4 CITY-ST-ZIP	BOYNTON BCH. FC	, , , , , , ,
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
City+SY-ZiP			3 4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY+ST+ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		:
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		•
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I do heret informatio	by certify that the information supplied in indicated on this annual report or s	with this filing does not qual- upplemental a inual raport is	fy for the exemption sta true and accurate and t	ated in Section 119.07(3)(i), Florida Statute hat my signature shall have the same lega	s. I further certify that the all effect as if made under oath, that

1 do hereby certify that the information supplied with this tripigloos not quality for the exemption stated in section 119.07(3)(i). Florida statutes. Furnal certify that the information indicated on this annual report or suppliemental africal radiation 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 of trusted on execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if transpet, or on an attachment and address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Prione III