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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

P94000072759 (1)

P.L.B.L., INC.

DOCUMENT #

FILED Mar 04 1998 8:00am Secretary of State



Principal Place of Business	Mailing Address	Mailing Address) idatilati isa sakit dimit matri danit matri fasia tiata sana tiata sana) atara iani amat		
% JEFFREY B. HAHN, CPA, PA 1515 NORTH FEDERAL HWY., SUITE 300	1515 NORTH FED	% JEFFREY B. HAHN. CPA. PA 1515 NORTH FEDERAL HWY SUITE 300		DO NOT WRITE IN TH	IS SPACE	
BOCA RATON FL 33432	BOCA RATON FL	BOCA RATON FL 33432		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
				· ·		
2. Principal Place of Business	2a. Mailing Addre	00	,	10/04/1994 4. FEI Number	LIAnn	lied For
	—	35		1		Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0533408	\$8.75 A	
	27	_		5. Certificate of Status Desired	Fee Req	
City & State		City & State		6. Finally Compains Financias		
	—	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country	Zip	Country			· · · ·	
	— — ·	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24 25 Name and Address	of Current Registered Agent	[30]		10. Name and Address of New Registere		-
			Name			
HAHN, JEFFREY CPA	ARC					
1515 NORTH FEDERAL HY	WY.	82 Street Add		dress (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33432		-	3		 	
		"	"			
		ε	4 City		85 Zip C	ode
			<u> </u>		L	
 Pursuant to the provisions of Section office or registered agent, or both, in 	ns 607.0502 and 607.1508, Florida n the State of Florida. Such chang	a Statutes, the abo e was authorized	ove-named cor by the corpora	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	e or changing its appointment as re	registerea egistered
agent. I am familiar with, and accept	t the obligations of, Section 607.0	505, Ftorida Statut	es.	,		
SIGNATURE						
	registered agent and title if applicable		igent signature requ	uired when reinstating) DATE		
, 17 1	ICERS AND DIRECTORS	13.	<u> </u>	ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE DP					☐ Csange	C. AUGRIGI
NAME GUARINI, PATRICK		1.2 NAM				i
STREET ADDRESS % 1515 N. FED. HWY., STE. 300			ET ADDRESS			
CITY-ST-ZIP BOCA RATON FL 33			-ST-ZIP			I dedition
TITLE	DELETE				L Change	Addition
NAME			E			
STREET ADDRESS		2.3 STRI	ET ADDRESS			
CITY-ST-ZIP			(-ST-ZIP			
TITLE	DEL DEL	ETE 3.1 TITLI			Change	Addition
NAME		3.2 NAM	E			
STREET ADDRESS		3.3 STRI	ET ADDRESS			
CITY-ST-ZIP			/-ST-ZIP			
TITLE	☐ DEL	ETÉ 4.1 TITLI			Change	Addition
NAME		4. 2 NAM	AE .			ì
STREET ADDRESS		4.3 STRE	ET ADDRESS			ł
CITY-ST-ZIP			- ST - ZIP			
TITLE	☐ DEL	ETE 5.1 TITLE	:		☐ Change	☐ Addition
NAME		5.2 NAM	E			
STREET ADDRESS		5.3 STR	ET ADDRESS			
City-St-ZIP		5.4 CITY	- ST-ZIP			·
TITLE ·	☐ DEL				☐ Change	Addition
NAME		6.2 NAM	E			
STREET ADDRESS			ET ADDRESS			
CITY-ST-ZIP			- \$T-ZIP			
14. I hereby certify that the information s	supplied with this filing does not a	ualify for the exen	nption stated in	n Section 119.07(3)(i), Florida Statutes. I further	certify that the in	nformation

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 all officer or director of the corporation or the received retrieved 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 attackment with the address.