

3-19-97 B- 3239 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Mar 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000091638 (4)**

1. Corporation Name

L. L. B. ACQUISITIONS, INC.

Principal Place of Business

Mailing Address

**1861 PLACIDA RD.
SUITE 104
ENGLEWOOD FL 34223**

**1861 PLACIDA RD.
SUITE 104
ENGLEWOOD FL 34223-4957**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/19/1994	3a. Date of Last Report 05/01/1996
21		26		4. FEI Number 59-3290193	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22		27		6. Election Campaign Financing	
City & State		City & State		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ITTERSAGEN, SCOTT D
% BATSEL MCKINLEY ITTERSAGEN GUNDERSON
1861 PLACIDA RD., SUITE 104
ENGLEWOOD FL 34223**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPADE, ROBERT W	1.2 NAME	
STREET ADDRESS	6800 PLACIDA RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL 34224	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDWIN, J B	2.2 NAME	
STREET ADDRESS	P.O. BOX 605 (N/A)	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA GRANDE FL 33921	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYER, JOHN R	3.2 NAME	
STREET ADDRESS	P.O. BOX 5145 (N/A)	3.3 STREET ADDRESS	
CITY-ST-ZIP	GROVE CITY FL 34224	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARKLE, DANIEL E	4.2 NAME	
STREET ADDRESS	6237 PRESIDENTIAL COURT S.W., STE. 104	4.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33919	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRISON, ROBERT L	5.2 NAME	
STREET ADDRESS	507 N. WAYNE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CINCINNATI OH 45215	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 changed, or on an attachment with an address.

SIGNATURE:

[Signature] President

3/13/97

941 914 2710

CR2E034 (9/96)