

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000094482 (3)**

1. Corporation Name
L.A.B. ENTERPRISES, INC.



Principal Place of Business: **3823 BLACKBERRY CR. ST. CLOUD FL 34769**
Mailing Address: **3823 BLACKBERRY CR. ST. CLOUD FL 34769**

3. Date Incorporated or Qualified: **12/12/1995**
3a. Date of Last Report: **N/A**

2. Principal Place of Business		2a. Mailing Address	
21	4064 13th ST	26	4064 13th ST
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23	ST. CLOUD FL	28	ST. CLOUD FL
Zip	Country	Zip	Country
24	34769	29	34769
25	OSCEOLA	30	OSCEOLA

4. FEI Number: **59-3351347**
Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LEMONS, STEVEN A 3823 BLACKBERRY CR. ST. CLOUD FL 34769				81	Name: N/A		
				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 Florida State) DATE: _____ (Date Registered Agent Signature is provided, including)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSTD	1.1 TITLE	V/D
NAME	LEMONS, STEVEN A	1.2 NAME	CATHY M LEMONS
STREET ADDRESS	3823 BLACKBERRY CR.	1.3 STREET ADDRESS	3823 BLACKBERRY CR
CITY-ST-ZIP	ST. CLOUD FL 34769	1.4 CITY-ST-ZIP	ST. CLOUD FL 34769
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Steven A. Lemons** / **STEVEN A. LEMONS** **04/26/96** **(407)891-9357**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)