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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # P9500094492

Corporation Name

L.A.B. Enterprises, Inc.

FILED May 24, 1999 8:00 am Secretary of State

05-24-1999 90006 047 \*\*\*158.75

Principal Plac	e of Business	Mailing Address			563970 - 9	90006 - 47	8 *	
4064 13th Street 3923 Blackber				nycir			-	
St. Cloud, FL		St. Cloud, FL			DO NOT WRITE IN THIS SPACE			
34769 US 34769 US					3. Date Incorporated or Qualifed			
	<u> </u>		<u> </u>		December	12, 19		
<b>├</b> ─┐ '	Place of Business	Za. Mailing Address			4. FEI Number			pplied For
Suite, Apt.	# etc	Suite, Apt. #, etc.			59-3351347			lot Applicable Additional
22	w, etc.	27 Suite, Apr. #, etc.			5. Certifcate of Status Desired	*		Required
City & State City & State				·	6. Election Campaign Financing			) May Be
23					Trust Fund Contribution		•	I to Fees
Zip	_ Country	Zip	Count	гу	8. This corporation owes the curre	nt year Inta	ingible	
24	25	29 3	ōl		Personal Property Tax.	<del></del>	Yes	ZNo
	9. Name and Address of Current	Registered Agent		<u> </u>	10. Name and Address of New Ro	egistered A	gent	
61	A 1 -		8	1 Name				
26	even A. Lemor	8	2 Street Addre	ess (P.O. Box Number is Not Acceptate	ole)			
			8	3				
			8	4 City		FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abo	ve-named corpo	ration submits this statement for the p	urpose of o	hanging its	s registered
office or n	registered agent, or both, in the State of im familiar with, and accept the obligation	Florida, Such change was authors of, Section 607,0505, Florid	norized b a Statute	y the corporationss.	n's board of directors. I hereby accept	the appoin	tment as re	agistered
SIGNATURE	, ,							
	Signature, typed or printed name of registered agent a			ent signature required		DATE		
12.	OFFICERS AND	DIRECTORS DELETE	13.	<del></del> _	ADDITIONS/CHANGES TO OFF	ICERS ANI	Change	Addition
TITLE	President		1,1 TITLE 1,2 NAME				□ Criange	E Addition
NAME				\ \				
STREET ADDRESS CITY-ST-ZIP	St. Cloud, FL 34	y cirac	1.3 STRE	ET ADDRÉSS				
TITLE	Vice President	□ DELETE	2.1 TITLE				Change	Addition
NAME	Cathym, Lemo		2 2 NAME	1			0	
STREET ADDRESS			M ·	ET ADDRESS				
CITY-ST-ZIP	3825 Blackberr 5t. Cloud, FL 32	1769	2 4 CITY					
TITLE	SC. C. SOCA, FC SZ	☐ DELETE	3.1 TITLE				Change	Addition
NAME			3 2 NAME	:				
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CITY-ST-ZIP			34 CITY	-ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				Change	☐ Addition
NAME			4 2 NAM	E				
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			44 CITY-					
TITLE		☐ DELETE	5.1 TITLE	<b>I</b>			Change	Addition
NAME			5.2 NAME					,
STREET ADDRESS				ET ADDRESS				ļ
CITY-ST-ZIP		[] DELETE	5.4 CITY- 6.1 TITLE			<del></del>	Chanco	Addition
TITLE		L'1 pereig	6.2 NAME	1			Change	
NAME			ľ	ET ADDRESS				Ì
STREET ADDRESS			6.3 SINE					

14. I 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, with all other like empowered.

SIGNATURE:

Signature and typed or Printed Name of Signing Officer on Director Steven A. Lemons, President 4/28/99

(40'7)891-9357 Daytime Phone #