FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90049 031 ***150.00

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	DIVISION OF CO	RPORATIONS	04-30-1999 90049	031 ***150.00
	MENT # P96000	030362			
L.D.B. IN	IVESTMENTS, INC.				
Principal Place	e of Business	Mailing Address			
112 PAULS DR	,	112 PAULS DR		·	
BRNDON FL 33	3511	BRANDON FL 33511 US		DO NOT WRITE IN TH	HIS SPACE
US	-	US		3. Date Incorporated or Qualifed	
				03/26/1996	
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0784260	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	<u> </u>	27			1 66 Required
City & Stat		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country `	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☐ No
24	9. Name and Address of Currer	29 30	0	10. Name and Address of New Register	
-	g. Name and Address of Curren	it Kedisteran Aferit	81 Name	10. Manie dile y access of the constraints	
BON	NEVAC, J B				
2780	DE OAKLAND PK, BLVD		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	•
FTL	AUD FL 33306		83	· · · · · · · · · · · · · · · · · · ·	,
			04 611		85 Zip Code
			84 City	F	·L]
11. Pursuant	to the provisions of Sections 607.050	2 and 607 1508, Florida Statutes	, the above-named cor	poration submits this statement for the purpose ion's board of directors. I hereby accept the ap	of changing its registered
office or n agent. I a	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida, Such change was aut	nonzed by the corporat	10tt 2 nostri of dilectors: Literany accept me ab	political do registeres
,	in farmal way and accept the spinge	ations of, Section 607.0505, Florid	ia Statutes.		
SIGNATURE	Signature, typed or printed name of registered age	ations of Section 607.0505, Florid	egistered Agent signature requir	red when reinstating) DATE	
SIGNATURE	Signature, typed or printed name of registered age	ations of, Section 607.0505, Florid int and title if applicable. (NOTE: Ri ND DIRECTORS	ia Statutes.		AND DIRECTORS IN 12
	Signature, typed or printed name of registered age OFFICERS AN	ent and title if applicable. (NOTE: Re	egistered Agent signature requir	red when reinstating) DATE	
12.	Signature, typed of printed name of registered age OFFICERS AN D BAILEY, LARRY	ations of, Section 607.0505, Florid int and title if applicable. (NOTE: Ri ND DIRECTORS	egistered Agent signature requirement	red when reinstating) DATE	AND DIRECTORS IN 12
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CITY-ST-ZIP 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS



Daytime Phone #