

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

FILED

Apr 24 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 # P96000039004 (2)

1. Corporation Name
LA BONTE', INC.



Principal Place of Business 5184 NORWOOD AVE JACKSONVILLE FL 32205	Mailing Address 5184 NORWOOD AVE JACKSONVILLE FL 32208-8000
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2. Principal Place of Business 21 9501 Arlington Expressway Suite, Apt. #, etc. 22 #500 City & State 23 32225 Zip 24 32244		2a. Mailing Address 25 9501 Arlington Expressway Suite, Apt. #, etc. 26 #500 City & State 27 32225 Zip 28 32244		3. Date Incorporated or Qualified 05/07/1996		3a. Date of Last Report	
4. FEI Number 59-3371153		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent OUM, JAE K 128 TWELVE OAKS LN PONTE VEDRA BEACH FL 32082				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
85 Zip Code				FL			

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVS OUM, JAE K 128 TWELVE OAKS LN PONTE VEDRA BEACH FL 32082	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OUM, JAE K	12 NAME	
STREET ADDRESS	128 TWELVE OAKS LN	13 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	14 CITY-ST-ZIP	
TITLE	DPT OUM, JUMI 128 TWELVE OAKS LN PONTE VEDRA BEACH FL 32082	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OUM, JUMI	22 NAME	
STREET ADDRESS	128 TWELVE OAKS LN	23 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	24 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)