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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9600039004

. Corporation Name

LA BONTE', INC.

FILED Feb 17, 1999 8:00am Secretary of State

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#501 ARLINGTON EXPRESSWAY #500 #500 JACKSONVILLE FL 32225 JS 2. Principal Place of Business 1						f 100110001 110 türte urbit abret austr antit anti	88 (LIII 1211) SA1	11 00111 0101 1001
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25	Zip		. ├ ` г		nu y			.EINo
OUM, JAE K 128 TWELVE OAKS LN PONTE VEDRA BEACH FL 32082 81 Street Address (P.O. Box Number is Not Acceptable) 11. Pursuant to the provisions of Sections 607 (502 and 507 1508, Florida Statutes, the above-manned comporation submits this statement for the purpose of changing its registered office or registered apent, or both, in the State of Florida. Statutes, the above-manned comporation submits this statement for the purpose of changing its registered office or registered apent, or both, in the State of Florida. Statutes, the above-manned comporation submits this statement for the purpose of changing its registered office or registered apent, or both, in the State of Florida. Statutes, the above-manned comporation submits this statement for the purpose of changing its registered office or registered apent, or both, in the State of Florida. Statutes, the above-manned comporation submits this statement for the purpose of changing its registered office or registered appent apent, or both, in the State of Florida. Statutes, the above-manned comporation submits this statement for the purpose of changing its registered office or registered appent apent, or both, in the State of Florida. Statutes, the above-manned comporation submits this statement for the purpose of changing its registered office or registered appent apent, or post of the purpose of changing its registered office or registered appent apent appeal appendix the corporation's board of directors. I hereby accept the appointment as registered office of Florida. Statutes. SIGNATURE	24	25		30			d Agent	
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 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, arm familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DVS. OUM, JAE K STREET ADDRESS OTH-ST-2P OPT OUM, JUMI STREET ADDRESS TITLE DPT OUM, JUMI STREET ADDRESS 128 TWELVE OAKS LN PONTE VEDRA BEACH FL 32082 144 CITY-ST-2P OFFICERS AND DIRECTORS 129 NAME 33 STREET ADDRESS OTH-ST-2P TITLE OUM, JUMI STREET ADDRESS OTH-ST-2P TITLE OUM, JUMI STREET ADDRESS OTH-ST-2P TITLE OUM, JUMI STREET ADDRESS OTH-ST-2P OELETE 31 TITLE 32 NAME 33 STREET ADDRESS OTH-ST-2P TITLE OELETE 31 TITLE 32 NAME 33 STREET ADDRESS OTH-ST-2P TITLE OELETE 31 TITLE 32 NAME 33 STREET ADDRESS OTH-ST-2P TITLE OELETE 51 TITLE NAME STREET ADDRESS OTH-ST-2P OELETE 51 TITLE OELETE 51 TITLE NAME STREET ADDRESS OTH-ST-2P OELETE 51 TITLE NAME STREET ADDRESS OTH-ST-2P OELETE 51 TITLE OELETE 51 TITLE NAME STREET ADDRESS OTH-ST-2P OELETE 51 TITLE NAME STREET ADDRESS STREET ADDR		9. Name and Address of Curren	t Registered Agent		81 Name	10		
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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:

GNATURE AND TYPED OR PRINTED NAME OF SHARING OFFICER OR DIRECTOR

1/ 25/99 (904)855-0588 Dayling Phone #