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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

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May 12 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000055511 (5) LB MANUFACTURING, INC.)));
Principal Plac	e of Busines	3	Mailing Address)); 85))5) 5 ((8) 8)(8) 8)(8) (9)	
8901 TPC DRIVE ORLANDO FL 32822			8901 TPC DRIVE ORLANDO FL 328	322-5126				
						3. Date Incorporated or Qualified 06/27/1996	3a. Date of Last R	teport
2. Principal Place of Business			2a. Mailing Addro	2a. Mailing Address		4. FEI Number 59-3388052	At	oplied For
n)			26			57-3388032		ot Applicable
Suite, Apt. #, etc.			h	Suite, Apt. #, etc.		5. Certificate of Status Desired	T	Additional oquired
City & State			City & State			6. Election Campaign Financing	· · · · · · · · · · · · · · · · · · ·	May Be
23			28			Trust Fund Contribution		to Fees
Zip		Country	Zip	L.,	Country	8. This corporation has liability for		199.032,
24		25	[29]	30	L		Yes VNo	
			rrent Registered Agent		81 Name	10. Name and Address of New Re	egistered Agent	
	MMOND, TH							
6901 TPC DRIVE ORLANDO FL 32822					82 Street Add	ress (P.O. Box Number is Not Accepta-	ble)	
OI II	- 1100 I C	Local			83			
					84 City		- 85 Zφ	Code
					[] S.,		FL T	
11. Pursuant	to the provis	ions of Sections 607.	0502 and 607.1508, Florid	da Statutes, t	he above-named corp	poration submits this statement for the	purpose of changing i	ls registored
					the above-named corporate statutes.	poration submits this statement for the tion's board of directors. I hereby acce	purpose of changing in the appointment as	ls registored registered
SIGNATURE		or printed name of registered	diagoni and their applicable	(NOTE Re			DATE	RS IN 12
SIGNATURE 12. TITLE	Signature, typed	or printed name of registeres	1 agen) and title if applicable	(NOTE Re	gistered Agent signature requi	ried when rehistating)	DATE	
SIGNATURE 12. TITLE NAME	Signature, typed D HAMMON	OFFICERS	diagoni and their applicable	(NOTE Re	gistured Agent signature requi 13. 1.1 THLE 1.2 NAME	ried when rehistating)	DATE CERS AND DIRECTOR	RS IN 12
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SIGNATURE REQUES

TEO HAMMOND

407 857-4000