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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96000059881 (8)

LABO MARINE, INC.

**FILED** Apr 27 1998 8:00am Secretary of State



Principal Place of Business Mailing Address								4 10011001 (10 10110 6/11/ 6011/ 6011/ 6011/	111 <b>8</b> 18181 18181 11	DINI SENE ENDE
1100 BUCH HOLLYWOO	ianan St Od FL 33019			1100 BUCHANAN ST HOLLYWOOD FL 33019				DO NOT WRITE IN THIS	SPACE	
								3. Date Incorporated or Qualified 07/17/1996		
2. Principal	Place of Busi	ness	2a. Mailin	2s. Mailing Address				4. FEI Number	A	pplied For
21			26	26				NOT APPLICABLE Not Applicable		
Suite, Ap	t. #, etc.		Suite,	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional equired
City & St	ate		City & <b>28</b>					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution		
Zip				Zip Country				8. This corporation owes or has paid the current year Intangible		
24		25	29					Personal Property Tax due June 30. Yes No		
9. Name and Address of Current Registered Agent							Nama	10. Name and Address of New Registered	Agent	
	SOARDMAN,				'	B1	Name			
	100 BUCHA IOLLYWOOI						Street Addre	iress (P.O. Box Number is Not Acceptable)		
						B3	<b>0</b> 11		1 2-	0-4-
					'	B4	City	FI	<b>85</b> Zip	Code
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   Signature, typed or printed name of rogistered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE										
12.	Signature, type		AND DIRECTORS				int biginature require	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12
TITLE	D	OT TOLLIO	7 H D D I R O TO HO			1.1 TITLE		, solition of the solition of	Change	Addition
NAME	BOARE	DMAN, E H III								
STREET ADDRESS 1100 BUCHANAN ST				1.3 \$7			ADDRESS			
CITY-ST-ZIP	HOLLYWOOD EL 22010			1.4 01			T-ZIP			
TITLE	D			DELETE 2.1 TI					Change	☐ Addition
NAME	BOARDMAN, JANE L			2.2 N						
STREET ADDRESS				2.3 \$			ADDRESS			
CITY-ST-ZIP	HOLLY	WOOD FL 33019			2 4 CIT	Y-S	ST-ZIP			
TITLE	·-			DELETE 31 T					Change	☐ Addition
NAME					3.2 NAM	ME				
STREET ADDRESS	STREET ADDRESS						ADDRESS			
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TITLE				☐ DELETE	4.1 TITL				Change	Addition
NAME					4.2 NA					'
STREET ADDRES	S						ADDRESS			
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TITLE				L.J. OLLETE	5.1 TITU					Agomioi)
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STREET ADDRESS	<b>`</b>									
CITY-ST-ZIP TITLE	-			DELETE	5.4 CIT		1-2ff		Change	Addition
NAME					6.2 NAM					_
STREET ADDRESS							ADDRESS			]
l .	°				6.4 CIT					
CITY-ST-ZIP	certify that the	he information supplie	ed with this filing do	es not qualify f				Section 119.07(3)(i), Florida Statutes. I further	certify that the	e information

Indicated on this annual report or supplied with this timing does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. I further termy 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 oads under oads