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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000068094 (7)

LABRI OF ST. PETERSBURG, INC.

FILED May 21 1997 8:00am Secretary of State

Principal Place of Business 700 4TH STREET NORTH 8T PETERSBURG FL 33701	Mailing Address 700 4TH STREET NORTH ST PETERSBURG FL 33701-23	153		
·			3. Date Incorporated or Qualified 3a. 08/15/1996	Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #. etc.	Suite, Apt. #, etc.	······································	59-340 6333	Not Applicable
22 **, etc.	27 Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5,00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for intangil	
25 PINCHAS 9. Name and Address of Curre	29 30	<u> </u>	Florida Statutes Yes 10. Name and Address of New Registers	No No
JACKSON, BRENDA J	tir uedisteren Wantr	81 Name /		au Agent
700 4TH STREET NORTH		Lenwood 1. Long		
ST PETERSBURG FL 33701		82 Street Address (P.O. Box Number is Not Acceptable) 83		
		84 Sem	in ole F	L 85 Zip Code 3464 as
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 LANGUAGE T. LOT			4-19-9	7
Signature, typed or printed name of registered ag	pery and little if applicable (NOTE Re	gistered Agent signature requi	_ 	
112. OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12 8
NAME Oresda JACKS	on I	1.2 NAME	President	Citalige Le Montion
STREET ADDRESS 204 Lake Hee	e lage	13 STREET ADDRESS	Lenwood T. Long	Ş
CITY-ST-ZIP Rigo, Houd	a \$3771	14 CHY-ST-ZIP	11546 61st.Ave N.	٠. الم
TITLE / 518/67	DELETE	21 TiffLE	Seminole FL. 34642	Change Addition
NAME LENDOOC ST.	1 5 41	2.2 NAME	Secretary of Treasur Elsi B. Long	ee
STREET ADDRESS 77 3 9 67	• •	2 3 STREET ADDRESS	11546 61st.Ave N.	
CITY-ST-ZIP Semin C	34642	2. 4 CITY- ST- ZIP	Seminole FL. 34642	
FISIE DECON	DELETE DELETE	3 1 THUE	DOMENOTO 11, 34042	Change Addition
STREET ADDRESS 11546 6/5 AV	EN	3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP Semi No/e X/1	1 346421	3.4. City - ST-ZIP		\
TITLE D. A.	DELETE	4.1 TITLE	.1	Change Addition
NAME REGILL COT	uu	4. 2 NAME		
STREET ADDRESS 9003 PEDDIECE	KK BR.	4.3 STREET ADDRESS		
OTTY-ST-ZE / Tanga, Hone	De 33/47	4.4 CITY - ST - ZIP		
TITLE .	\ ☐ DĒLETE	5.1 TITLE		Change Addition
NAME	`	52 NAME		1/2/
STREET ADDRESS		5 3 STREET ADDRESS	ίζ_'	<i>'</i> ν'
CITY-ST-ZIP TITLE	DELETE	5.4 C(TY - ST - Z(P 6.1 T(TLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		n 6.
CITY-ST-ZIP		6 4 CITY-ST-ZIP	S	dep/65.

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 ghanged, or on an attachment with an address;

SUCULARIUM DI COMPANIO

1/19/97 8135797