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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P97000010351

1. Corporation Name

LABARRE ENTERPRISES, INC.

Principal Place of Business	
2207 CANDDALA CIDEET	

## FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90223 003 \*\*\*150.00



rincipal Place	di pusitiess	Walling A	001032				1		
307 SANDRALA ARASOTA FL			Drala street a FL 34231				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed		
							01/29/1997		
<u> </u>		2n Mailin	a Addrose				4. FEI Number Applied For		
t. Principal Pii	ace of Business		2a. Mailing Address				65-0726986 Not Applicable		
<u> </u>		26					\$8.75 Additional		
Suite, Apt. #	₹, etc.	<b>├</b> ─┐ `	Suite, Apt. #, etc.				5. Certificate of Status Desired Fee Required		
2		27	<del></del>						
City & State	•	<del></del>	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
3		Zip Cou			ntn.		This corporation owes the current year Intangible		
Zíp ¬	<u> </u>	· · · · · · · · · · · · · · · · ·			iiu y		Personal Property Tax.		
		<del></del>	29 30				10. Name and Address of New Registered Agent		
	9. Name and Address of Current	Registered	Agent		81	Name	10. Hante and Address of Not Register & Special		
LARA	ARRÉ, MICHAEL A				"				
	SANDRALA STREET			ĺ	82	Street Ad	Address (P.O. Box Number is Not Acceptable)		
				ļ	-				
SAN	ASOTA FL.34231			ļ	83				
	•			Į.	84	City	85 Zip Code		
				_		•	FL   o   FL   o		
11. Pursuant t	to the provisions of Sections 607.0502	and 607.150	8, Florida Statutes	, the at	oove-	named co	orporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered		
office or re	egistered agent, or both, in the State on familiar with, and accept the obligat	or ⊢iorida. Sud ions of, Sectio	n change was aut on 607.0505, Florid	norizea la Statu	iby u utes.	ne corpora	audit 5 board of directors. Thereby accept the appointment as regional of		
=									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicat	ole. (NOTE: R	egistered	Agent	signature requ	ured when reinstating) DATE		
12.	OFFICERS AN	DIRECTOR	\$	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TTLE	PS	<del>_</del> -	□ DELETE	1.1 TITLE			☐ Change ☐ Addition		
IAME	LABARRE, MICHAEL A			1.2 NAME		l	}		
STREET ADDRESS	2307 SANDRALA STREET			1.3 STRE		ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34231			1.4 CITY-1		ZIP			
ITLE	VT		DELETE	2.1 TITLE			☐ Change ☐ Addition		
IAME	LABARRE, DAWN E			2.2 NAME		}			
STREET ADDRESS	2307 SANDRALA STREET			2.3 STREE		ADDRESS			
[	SARASOTA FL 34231			1	TY-ST	ł	. {		
CITY-ST-ZIP	SANASOTA FE 34231		☐ DELETE	3.1 TIT			☐ Change ☐ Addition		
			D 0422.4	3.2 NA			<del>-</del> -		
VAME				1		ADDRESS	Ì		
STREET ADDRESS						ADDRESS	}		
CITY-ST-ZIP		·	☐ DELETE	3.4. CI 4.1 TIT	TY-ST	-217	☐ Change ☐ Addition		
TITLE				•		ſ			
NAME				4,2N					
STREET ADDRESS				,		ADDRESS			
CITY-ST-ZIP					TY-ST-	-ZIP	☐ Change ☐ Addition		
TITLE	, r		☐ DELETE	5.1 TIT		}	☐ Change ☐ Addition		
NAME	· .			5.2 NA			j		
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP					TY-ST-	-ZIP			
IIILE .			DELETE	6.1 TIT	ΠE	1	☐ Change ☐ Addition		
VAME				6.2 NA	ME	-			
STREET ADDRESS				6.3 ST	REET	ADDRESS (	j		
CITY-ST-ZIP	•			6.4 CI	TY-ST-	-ZIP			

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 feport 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 suppowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE: