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FILED  
Apr 10 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000012790 (6)

1. Corporation Name

LARB, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

8050 SEMINOLE OFFICE CENTER  
#322  
SEMINOLE FL 33772

P.O. BOX 3516  
SEMINOLE FL 33775

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22

City & State

27 City & State

23

Zip

Country

28 Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

HOFSTRA, PETER T  
8640 SEMINOLE BLVD  
SEMINOLE FL 33772

3. Date Incorporated or Qualified

02/05/1997

4. FEI Number

59-3427071

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
ROTHMAN, SHELDON L  
P.O. BOX 3516  
SEMINOLE FL 33775

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change

☒ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

8001 - STIMIE AVE N  
ST. PETERSBURG, FLA 33710

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
BEATTY, STEVEN  
P.O. BOX 3516  
SEMINOLE FL 33775

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

ONE Mangrove Pointe  
St. Petersburg Bch, FL 33706

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D  
ROTHMAN, LESLIE ANN  
P.O. BOX 3516  
SEMINOLE FL 33775

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

Leslie Rothman Biegelsen  
5256 Wynterhall Dr  
Dunwoody, GA 30338

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE

*[Signature]*

4-2-98

7987816

CR2E034 (10/97)