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

002874

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State
05-06-1999 90208 033 ***150.00

DOCUMENT # P97000018845

1. Corporation Name
LABAR COMPUTER SERVICES INC.

Principal Place of Business	Mailing Address
P.O. BOX 730926 ORMOND BEACH FL 32173-0926	P.O. BOX 730926 ORMOND BEACH FL 32173-0926

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/24/1997

2. Principal Place of Business	2a. Mailing Address
21 435 S. RIDGEWOOD AVE	26 P.O. BOX 9668
22 Suite, Apt. #, etc. # 208	27 Suite, Apt. #, etc.
23 City & State DAYTONA BEACH, FL	28 City & State DAYTONA BEACH, FL
24 Zip 32114 25 Country USA	29 Zip 32120 30 Country USA

4. FEI Number: 59-3429049 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LABAR, RICHARD W
500 SHADOW LAKES BLVD.
APT 45
ORMOND BEACH FL 32174

10. Name and Address of New Registered Agent

81 Name RICHARD W. LABAR
82 Street Address (P.O. Box Number is Not Acceptable) 737 CREEKWATER TER # 207
83
84 City LAKE MARY FL 85 Zip Code 32746

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 Richard W. LaBar RICHARD W. LABAR 4/30/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PVST	☐ DELETE	1.1 TITLE	PVST	☒ Change ☐ Addition
NAME	RICHARD, L		1.2 NAME	RICHARD LABAR	
STREET ADDRESS	500 SHADOW LAKE BLVD, APT 45		1.3 STREET ADDRESS	737 CREEKWATER TER # 207	
CITY-ST-ZIP	ORMOND BCH FL 32174		1.4 CITY-ST-ZIP	LAKE MARY, FL. 32746	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: Richard W. LaBar SIGNATURE REQUIRED 4/30/99 904-252-4693
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)