

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
---------------------------------------	--

FILED

98 AUG 25 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 997000030842

1. Corporation Name

LABYRINTH HOLDINGS INCORPORATED

Principal Place of Business

Mailing Address

205 WORTH AVE #316
PALM BEACH, FL 33480

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0755715

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ERNEST W. LETIZIANO
205 WORTH AVE #316
PALM BEACH, FL 33480

81 Name

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

83

300002625983-5

-08/26/98-01096-007

84 City

****150.00 **150.00

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 of person or persons of registered agent and if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

1. ERNEST W. LETIZIANO

PRESIDENT

11. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

205 WORTH AVE #316

PALM BEACH, FL 33480

11. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

11. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

11. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

11. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

11. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

11. TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE

12. NAME

13. STREET ADDRESS

14. CITY- ST- ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

31. TITLE

32. NAME

33. STREET ADDRESS

34. CITY- ST- ZIP

41. TITLE

42. NAME

43. STREET ADDRESS

44. CITY- ST- ZIP

51. TITLE

52. NAME

53. STREET ADDRESS

54. CITY- ST- ZIP

61. TITLE

62. NAME

63. STREET ADDRESS

64. 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 included 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ERNEST W. LETIZIANO

8/6/98

Day Month Year

CR2E034 (10/97)