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Mar 04, 1999 8:00 am  
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000040300

1. Corporation Name  
FLA L & B, INC.

Principal Place of Business  
5300 N. POWERLINE ROAD  
SUITE 203-A  
FT LAUDERDALE FL 33309

Mailing Address  
5300 N. POWERLINE ROAD  
SUITE 203-A  
FT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 FLA L & B, Inc. Suite, Apt. #, etc. 22 203-A City & State 23 Ft. Lauderdale, FL Zip 24 33309 Country 25 Broward		2a. Mailing Address 26 5300 N. Powerline Rd. Suite, Apt. #, etc. 27 203-A City & State 28 Ft. Lauderdale, FL Zip 29 33309 Country 30 Broward		3. Date Incorporated or Qualified 05/06/1997	4. FEI Number 65-0729174	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent

FLETCHER, LEON  
2324 NW 16TH COURT  
FT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name Banista Davidson  
82 Street Address (P.O. Box Number is Not Acceptable) 1194 40th Ave., #402  
83  
84 City Lauderhill FL 85 Zip Code 33313

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

2 - 5 - 99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P FLETCHER, LEON	1.1 TITLE	President
NAME	FLETCHER, LEON	1.2 NAME	Davidson, Banista
STREET ADDRESS	2324 NW 16TH CT	1.3 STREET ADDRESS	1194 40th Ave., Apt. 402
CITY-ST-ZIP	FT LAUDERDALE FL 33311	1.4 CITY-ST-ZIP	Lauderhill, FL 33313
TITLE	V DAVIDSON, BANISTA	2.1 TITLE	
NAME	DAVIDSON, BANISTA	2.2 NAME	
STREET ADDRESS	1194 40TH AVE, APT 402	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33313	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Banista Davidson 2 - 5 - 99 (454) 938 4311  
Date Daytime Phone #

CR2E034 (11/98)