

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

FILED

Jul 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #
1. Corporation Name

G97042000192 & P97
LB HYPERBARICS

Principal Place of Business

Mailing Address

519 N. HARBOR CITY
BLVD.
Melbourne FL 32935

P.O. Box 2227
Melbourne, FL 32901

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7-31-97

2. Principal Place of Business

21 519 N. HARBOR CITY

2a. Mailing Address

26 P.O. Box 2227

4. FEI Number

650763782

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$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

22 City, State

23 Melbourne

24 FL

25 32935

27 City, State

28 Melbourne FL

29 32901

30 BREVARD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Robert Salonen
519 N. HARBOR CITY BLVD.

83

84 City

Melbourne

FL

85 Zip Code

32901

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

0 PAUL W BUZA
519 N. HARBOR CITY BLVD
Melbourne FL 32935

0 BUZA Deborah
519 N. HARBOR CITY BLVD
Melbourne FL 32935

0 Robert Salonen
519 N. HARBOR CITY BLVD
Melbourne FL 32935

0 Dennis Landmeier
519 N. HARBOR CITY BLVD
Melbourne FL 32935

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

CEO

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

V.P. - Treasurer

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

V. Secretary

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

PRESIDENT

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

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

700002602227
-07/30/98--01003--035
***150.00

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.

CR2E034 (10/97)

LB Hyperbarics

PO BOX 2227
Melbourne, FL 32902-2227
EMAIL: lbhyper@atlantic.net
PHONE: 407.242.3288
FAX: 407.242.2490

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July 15, 1998

Annual Report Filings
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

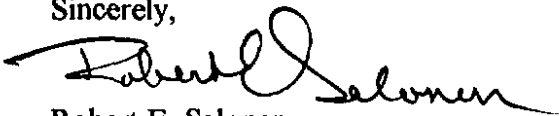
To Whom It May Concern:

Per instructions received at the above office on July 7th, our office is filing our Annual Report with an enclosed check of \$150.00.

Please accept our apology for filing at this date as our corporate offices moved recently and we did not receive our preprinted form forwarded to the new address.

If there are any questions or concerns, please do not hesitate to contact me at the above number. Thank you.

Sincerely,



Robert E. Salonen
Vice-President

