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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000072492

. Corporation Name

LBK NORTH, INC.

FALLS COMPANY OF LBK NORTHING

Principal Place of Business 3170 GULF OF MEXICO DR. LONGBOAT KEY FL 34228

2. Principal Place of Business

Mailing Address

2a. Mailing Address

3170 GULF OF MEXICO DR. LONGBOAT KEY FL 34228

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90176 050 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

08/21/1997 4. FEI Number

Sulle, Apt. F, etc. Suite, Apt. F, etc. 27	21		26			65-0789501		Not Applicable	
City & State		#, etc.	Suite, Apt. #, etc.	Apt. #, etc.		5. Certifcate of Status Desired	1		
Zip Country Zip Country		е	City & State						
9. Namo and Address of Current Registered Agent FALLS, JOSEPH 3170 GULF OF MEXICO DR. LONGBOAT KEY FL 34228 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 agent. I minimize with, and except the obligations of, Section 507.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I minimize with, and except the obligations of, Section 507.0505, Florida Statutes. 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. I minimize with, and except the obligations of, Sections 607.0505, Florida Statutes. 11. Pursuant to the provisions of Sections 607.0506, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. DELETE 1.1 TITLE 1.2 OFFICERS AND DIRECTORS IN 12 15. TITLE 1.3 TITLE 1.4 COPY-57.2P 1.5 TITLE 1.5 TI	_	 1	<u> </u>			1		. 🖂 🗠	
FALLS, JOSEPH 3170 GULF OF MEXICO DR. LONGBOAT KEY FL 34228 83 84 city FL 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-name organizated 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 607,0502, Florida Statutes. SIGNATURE Signature, typed or printed name of impalment agent and title 7 appocate 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D Change Addition STREET ADDRESS OCTY-51-2P TITLE DELETE 11-TITLE 12-NAME 13-STREET ADDRESS 14-GTY-51-2P TITLE DELETE 13-TITLE DELETE 13-TITLE 13-TIT								- ACTUO	
FALLS, JOSEPH 3170 GULF OF MEXICO DR. LONGBOAT KEY FL 34228 Street Address (P.O. Box Number is Not Acceptable)		9. Name and Address of Current	t Registered Agent	81	Nama	10. Name and Address of New Key	Istered Agent		
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LONGBOAT KEY FL 34228 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. 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. 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. Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of the state of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of the state of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of the state of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of the statement for the purpose of changing its registered office of the statement for the purpose of changing its registered office of the submit of the purpose of changing its registered office of the submit of the purpose of changing its registered office of the submit of the purpose of changing its registered office of the submit of the purpose of changing its registered office of the submit of the purpose of changing its registered office of the purpose of cha	3170 GULF OF MEXICO DR.				82 Street Address (P.O. Box Number is Not Acceptable)				
### City ###								-	
11. Pursuant to the provisions of Sections 607 0502 and 807.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both in the State of Findria. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyped or printed name of registered agent and till a applicable (NOTE Registered Agent signature regirred when resistancy) DATE									
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, and accept the obligations of, Section 677.6505, Florida Statutes. SIGNATURE SIGNATURE Signature, typed or grinder name of registered agent and site if appicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE D				84	City			žip Code	
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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 anypowered 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

1/19 941 383 64 65
| Daytime Phone #