

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90007 016 ***150.00

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DOCUMENT # P97000099744

1. Corporation Name
LABELLA, INC.

Principal Place of Business
210 ELM STREET
W. MELBOURNE FL 32904

Mailing Address
5961 NW 2ND AVE
205
BOCA RATON FL 33487
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/20/1997

4. FEI Number

65-0802204

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LABELLA, RITA
210 ELM STREET
W. MELBOURNE FL 32904

81 Name

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

83

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. 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

RITA LABELLA

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 D ☐ DELETE

NAME LABELLA, LUIGI
STREET ADDRESS 210 ELM STREET
CITY-ST-ZIP W. MELBOURNE FL 32904

1.1 TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME LABELLA, RITA
STREET ADDRESS 5961 NW 2ND AVENUE, #205
CITY-ST-ZIP BOCA RATON FL 33487

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D ☐ DELETE

NAME LABELLA, RITA
STREET ADDRESS 5961 NW 2ND AVENUE, #205
CITY-ST-ZIP BOCA RATON FL 33487

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME LABELLA, RITA
STREET ADDRESS 5961 NW 2ND AVENUE, #205
CITY-ST-ZIP BOCA RATON FL 33487

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME LABELLA, RITA
STREET ADDRESS 5961 NW 2ND AVENUE, #205
CITY-ST-ZIP BOCA RATON FL 33487

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME LABELLA, RITA
STREET ADDRESS 5961 NW 2ND AVENUE, #205
CITY-ST-ZIP BOCA RATON FL 33487

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME LABELLA, RITA
STREET ADDRESS 5961 NW 2ND AVENUE, #205
CITY-ST-ZIP BOCA RATON FL 33487

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME LABELLA, RITA
STREET ADDRESS 5961 NW 2ND AVENUE, #205
CITY-ST-ZIP BOCA RATON FL 33487

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME LABELLA, RITA
STREET ADDRESS 5961 NW 2ND AVENUE, #205
CITY-ST-ZIP BOCA RATON FL 33487

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME LABELLA, RITA
STREET ADDRESS 5961 NW 2ND AVENUE, #205
CITY-ST-ZIP BOCA RATON FL 33487

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME LABELLA, RITA
STREET ADDRESS 5961 NW 2ND AVENUE, #205
CITY-ST-ZIP BOCA RATON FL 33487

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME LABELLA, RITA
STREET ADDRESS 5961 NW 2ND AVENUE, #205
CITY-ST-ZIP BOCA RATON FL 33487

6.2 NAME

6.3 STREET ADDRESS

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
RITA LABELLA

4/12/99

Date

561 989 5393

Daytime Phone #

CR2E034 (11/98)