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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 # P98000014870

1. Corporation Name

LBE REALTY, INC.

Principal Place of Business

5913 SOUTH DIXIE HIGHWAY
 W PALM BEACH FL 33405

Mailing Address

5913 SOUTH DIXIE HIGHWAY
 W PALM BEACH FL 33405



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 4956-21 LE CHALET BLVD		26		02/16/1998	
22 Suite, Apt. #, etc. 130YNTON BCH, FLA		27 Suite, Apt. #, etc.		4. FEI Number 65-0814702	
23 City & State 33436		28 City & State SAME		Applied For Not Applicable	
24 Zip		29 Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
26		31		8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

AMERILAWYER
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name ROBERT A. CARNAVIL
 82 Street Address (P.O. Box Number is Not Acceptable) 4956-21 LE CHALET BLVD
 83
 84 City BOYNTON BCH FL 85 Zip Code 33436

11. Pursuant to the provisions of Sections 607.0302 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 607.0305, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	BLOOM, LEO	1.2 NAME	
STREET ADDRESS	5913 SOUTH DIXIE HIGHWAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33405	1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE	STD	2.1 TITLE	☐ Change ☐ Addition
NAME	CARNAIL, ROBERT A	2.2 NAME	
STREET ADDRESS	5913 SOUTH DIXIE HIGHWAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL 33405	2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE		6.1 TITLE	☐ Change ☐ Addition
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

Date

Daytime Phone #

CR2E034 (1/98)