PROFIT CORPORATION ANNUAL REPORT 1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State 04-20-1999 90115 050 ***150.00

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1. Corporatio	MENT # P98000	0058992	2		~.	_		
	LA BUILDERS GROUP, IN	C.	_					
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Principal Plac	ce of Business	Malting Addre	135			3 INDENTALLI ISD STRAN FRYN OPFAT PARI	i earti dafai efiat refia	I BITTO TREES THUS TOUS
5817 PIERCE DRIVE N.E. 5817 PIERCE DRIVE N.E.					1			
st. Peters 8 u	JRG FL 33703	ST. PETERSBU	IRG FL 33703				E IN THIS SPACE	
}						3. Date incorporated or Qualifed 07/02/1998		
	Place of Business	2a. Mailing Ad	ldress			1. El Number 5 x 1995		Applied For
21 Suite, Apt.	# atc	26 Suite, Apt.	# etc.) /-///	\$8.7	Not Applicable 5 Additional
22 3010, Apr.	. #, &u.	27			٠	5. Certificate of Status Desired		Required
City & Stat	te	City & Sta	te			6. Election Campaign Financing		00 May Be ed to Fees
23 Zip	Country Zip			Country		7 Trust Fund Contribution 8. This corporation owes the current		ed to rees
24	. 25	29	30			Personal Property Tax.	☐ Yes	> 6
 -	9. Name and Address of Curre	nt Registered Ager	nt			10. Name and Address of New Re	gistered Agent	
41150				81	Name			_ إ
	, Joseph 7 Pierce Drive N.E.			82	Street Addn	ess (P.O. Box Number is Not Acceptab	le)	
	PETERSBURG FL 33703			83				
<u> </u>	•			84	City		85 2	ip Code
				1 1	-		FLI	
11. Pursuant office of a agent. I a	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida. Such cheations of, Section 60	orida Statutes, the ange was authori 17.0505, Florida S	e above- ized by t Statutes.	-named corpo the corporatio	oration submits this statement for the pon's board of directors. I hereby accept	urpose of changing the appointment as	registered
SIGNATURE	·							
I		and and title if anniarable	(NOTE: Regist	ernd Agent	sionature required	d when reinstating)	DATE	\ <u>.</u>
12.	Signature, typed or printed name of registered ap OFFICERS A	ont and title if applicable. ND DIRECTORS		ered Agent 13.	signature required	d when reinstaking) ADDITIONS/CHANGES TO OFF	CERS AND DIREC	TORS IN 12
12.	OFFICERS A	ND DIRECTORS	DELETE 1	13. .1 TITLE	signature required			CTORS IN 12
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I nereby certify that the information supplied with this niling does not quality for the exemption stated an Section 118,07(3)(i), Fronta Statudes, I further certify that it am an 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 certify 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.

1-12-99