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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000088544

THE LAEB GROUP, INC. CORPORATE CANDIDATES & INVES **TIGATIONS**

Mailing Address

FILED Mar 09, 1999 8:00 am **Secretary of State**

03-09-1999 90119 043 ***150.00



Principal Place of Business 2453 WEST 23RD, ST. 2453 WEST 23RD. ST. JAX FL 32209 JAX FL 32209 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/15/1998 2a. Mailing Address Applied For 2. Principal Place of Business 3500 UNIV BNI NOAL Not Applicable 21 3500 University Blod. North 26 Suite, Apt. #, etc. \$8.75 Additional Suite Apt. #, etc. 5. Certificate of Status Desired П Fee Required <u>2640</u> てして 27 22 6. Election Campaign Financing City & State & State \$5.00-May-Be Added to Fees Trust Fund Contribution 28 Couptry 8. This corporation owes the current year Intangible □No 25 DO 11/ 3 ☐ Yes Personal Property Tax. 29 フニ 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent BEAL, JANET 82 Street Address (P.O. Box Number is Not 2453 WEST 23RD, ST. JAX FL 32209 83 85 Zip Code 84 City -XAC 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. Loud, TI SIGNATURE (NOTE: Registered Agent signature required when reinstating) CR2E034 (11/98 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change ☐ Addition 11 TITLE TITLE B. NAME B119 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 3.1 TITLE TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 4.1 TITLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE 5.1 TITLE TITLE 52 NAME NAME 53 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 or Chapter 607, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: