FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -6 AM 9:49

DOCUMENT # **S02817** **(2)**

1. Corporation Name
L.A.P.B., INC.

Principal Place of Business	Mailing Address
21618 ST. ANDREWS BLVD BOCA RATON FL 33433	21618 ST. ANDREWS BLVD BOCA RATON FL 33433

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/28/1990**
3a. Date of Last Report: **01/27/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (20)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **65-0218501** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PROFFER, PHILIP PAUL
21618 ST. ANDREWS BLVD
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	PROFFER, PHILIP PAUL	12 NAME	
STREET ADDRESS	21618 ST. ANDREWS BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	V ☐ Change ☐ Addition
NAME	NAYLOR, RICHARD	22 NAME	NAYLOR, RICHARD
STREET ADDRESS	14640 CEDDAR CREEK PL	23 STREET ADDRESS	345 NW 103 AVE
CITY-ST-ZIP	DAVIE FL 33325	24 CITY-ST-ZIP	PLANTATION, FL 33324
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LUCIA, E. SANTA	32 NAME	
STREET ADDRESS	1207 S.E. 17TH ST.	33 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, KEN	42 NAME	
STREET ADDRESS	1003 ORANGE AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	WEST HAVEN CT	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ROLLES, CHARLES	52 NAME	
STREET ADDRESS	P.O. BOX 10023 N/A	53 STREET ADDRESS	
CITY-ST-ZIP	ASPEN CO	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	DAY, JOHN	62 NAME	
STREET ADDRESS	429 SEABREEZE BLVD.	63 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: RICHARD NAYLOR _____ 4-3-95 407-3385570
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

CP