

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

09/28/1990

3a. Date of Last Report

04/06/1995

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

10. Name and Address of New Registered Agent

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

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

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 ☐ DELETE

NAME
NAYLOR RICHARD
STREET ADDRESS
375 N W 103 AVE
CITY, ST, ZIP
PLANTATION FL

TITLE ☒ DELETE

NAME
NAYLOR, RICHARD
STREET ADDRESS
14640 CEDDAR CREEK PL
CITY, ST, ZIP
DAVE FL 33325

TITLE ☐ DELETE

NAME
LUCIA, E. SANTA
STREET ADDRESS
1207 S.E. 17TH ST.
CITY, ST, ZIP
FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME
WILLIAMS, KEN
STREET ADDRESS
1003 ORANGE AVE.
CITY, ST, ZIP
WEST HAVEN CT

TITLE ☐ DELETE

NAME
ROLLES, CHARLES
STREET ADDRESS
P.O. BOX 10023 N/A
CITY, ST, ZIP
ASPEN CO

TITLE ☐ DELETE

NAME
DAY, JOHN
STREET ADDRESS
429 SEABREEZE BLVD.
CITY, ST, ZIP
FT. LAUDERDALE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-96 407-338-5570

CR2E034 (12/95)