

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: **21618 ST. ANDREWS BLVD BOCA RATON FL 33433**
Mailing Address: **21618 ST. ANDREWS BLVD BOCA RATON FL 33433**

3. Date Incorporated or Qualified: **09/28/1990**
3a. Date of Last Report: **04/06/1995**
4. FEI Number: **65-0218501**
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

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

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
85. Zip Code: **FL**

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: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	NAYLOR RICHARD	
STREET ADDRESS	375 N W 103 AVE	
CITY-ST-ZIP	PLANTATION FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	NAYLOR, RICHARD	
STREET ADDRESS	14640 CEDDAR CREEK PL	
CITY-ST-ZIP	DAVE FL 33325	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUCIA, E. SANTA	
STREET ADDRESS	1207 S.E. 17TH ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILLIAMS, KEN	
STREET ADDRESS	1003 ORANGE AVE.	
CITY-ST-ZIP	WEST HAVEN CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROLLES, CHARLES	
STREET ADDRESS	P.O. BOX 10023 N/A	
CITY-ST-ZIP	ASPEN CO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAY, JOHN	
STREET ADDRESS	429 SEABREEZE BLVD.	
CITY-ST-ZIP	FT. LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

PRESIDENT PHILIP PAUL PROFFER HAS ALWAYS BEEN ON 3100 DE 47 COURT TH-4 FL, FL 33308 14 PRIOR YEARS

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: *Philip Proffer* 1-20-96 407-338-5570
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)